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NO. I

FEEDING AND THE USE OF RESTRAINT IN CARING FOR THE INSANE

BY FLORENCE HALE ABBOT, M.D.

Resident Physician, Taunton Insane Hospital

FEEDING

No SUBJECT should receive more careful attention from the nurse who cares for insane patients than the proper administration of food. As a general rule the patient does not gain mentally until his nutrition becomes satisfactory. Many cases seen by a nurse in private practice are in acute stages of mental diseases before they are sent to the hospitals or sanatoriums. These cases may be grouped in two classes, maniacal or excited, and melancholic or depressed states.

In excited cases there is a great deal of activity of both mind and body; the patient talks, sings, or shouts almost continuously, and displays marked motor restlessness. It is often difficult to retain the attention of this class of patients long enough for them to eat a sufficient meal; yet the need of nourishment is imperative, as there is much waste of tissue from their intense activity, and the nurse should feed often in small quantities food easily assimilated and of high nutritive value. Cocoa, milk, koumiss, eggnogs, meat or chicken broths, beef-juice, custards, and plain ice-creams are indicated. Accurate records should be kept of the amount of nourishment taken in order that the physician may judge if a sufficient quantity be given. Plenty of water should be given in these cases in order to stimulate elimination of the waste products of the system. Patience, firmness, and tact are much needed to persuade the patient to eat properly. When solid food is given see that the patient takes times to chew it properly. If he show a tendency to bolt it without mastication, it is best to withhold all but liquid nourishment.

The second class of acute cases of insanity presents a different prob-

lem. These patients are almost always suicidal in their tendencies, and either much agitated or in a profound stupor. They will often come under the care of the nurse when they have refused food for days and when they are in a very weak and critical condition. They may refuse food either because of the delusion that it is poisoned or from a desire to starve themselves as a means of ending a life which has become intolerable. In stuporous cases it may be impossible to rouse them to swallow or to chew food. Nourishment is of the highest importance, and if they can be induced in any way to swallow, they should be fed as frequently as are maniacal cases. Should they refuse food entirely, they must be fed artificially, as described later in this article.

The chronic cases of insanity present a different problem. In dementia following more acute mental illness there is often an inordinate appetite and entire lack of judgment as to the amount they should eat. These patients should be watched closely to see that they do not overload their stomachs with poorly masticated food. Any dietary which is simple, well cooked, free from rich pastries and heavy or highly seasoned food, may be given in reasonable amounts. Plenty of raw or stewed fruits and vegetables are a necessary part of this dietary in order to avoid constipation, which is always to be looked for in these cases.

In feeding patients in the more advanced stages of dementia, and also in the demented stage of general paralysis, extreme care must be taken not to give solid food unless it be very finely divided, as they are very likely to choke to death by the passage of food into the larynx. They have poor control over the muscles of the œsophagus or suffer from partial paralysis of the throat muscles as a general rule. It is safest to feed only liquids and semisolids in these cases; even bread should be very thoroughly softened in milk or eggnog and fed very slowly. A nurse or attendant should not leave these patients alone at mealtime, as choking may occur at any moment, and only instant attention will save life if this accident occur.

In other chronic cases, especially where there are many delusions, food may be refused for years. In these cases, as in the acute depressed forms of insanity, artificial feeding must be resorted to and kept up faithfully, sometimes for years. One such patient was fed for nine years before he became willing to eat in a natural manner. Many patients suffering from alternate phases of exhilaration and depression eat heartily in the excited stage but refuse food in the depressed stage. Such patients frequently alternate between three and four months of artificial feeding with a like period of normal nourishment. In delusional cases it is well never to give medicine which has any taste with food, as it gives ground for delusions of poisoning.

Artificial feeding may be accomplished by the use of a stomach-tube passed either through the mouth or the nose. A tube, if it is to be passed through the nose, should be smaller than the regulation stomach-tube. A soft, long rectal tube is often used for this purpose. For patients whose noses are tender or the orifice small it may be necessary to use a urethral catheter. Except for æsthetic reasons it is preferable to feed through the nose, as all danger of the patient's biting the tube is avoided and the use of mouth-gags is rendered unnecessary.

To feed through the nose, place the patient in a recumbent position on the back, have an assistant hold the hands firmly, protect the patient's clothing by means of a sheet or towel, and have everything necessary for the feeding at hand. The tube should be lubricated with clean vaseline or sweet-oil and passed gently through the nose and down the œsophagus, the patient being urged to swallow it. When it has passed far enough, place the finger at the end of the tube to see if by any mischance the patient breathe through it; if so, withdraw at once and reinsert the tube. If breath come freely from the other nostril and the respiration be easy, it is safe to continue with the feeding. Attach to the free end of the tube a funnel or a clean Davidson syringe, and either pump or pour the feeding into the patient's stomach by this means. If he should attempt to regurgitate, a hand placed firmly over the epigastrium will generally prevent the effort from being successful. When the feeding is accomplished remove the syringe or funnel, pinch the tube to prevent flowing back of the food remaining in it, and withdraw slowly and steadily.

Feeding by the mouth is accomplished in much the same way, except that it is necessary to insert a secure mouth-gag before attempting to pass the tube. This is often very difficult when patients resist, and there is much danger of breaking a tooth or of the nurse or physician being bitten.

The foods used for tube-feedings should be varied in character if this method is to be employed long. Milk, plain or peptonized, beef-juice, chicken-, meat-, and clam- or oyster-broths, eggs beaten up in milk, clear soups, and occasionally thin gruels may be given. The amount in twenty-four hours should be equivalent in nutritive value to what would nourish a healthy patient. At least two quarts of milk are needed, though if eggs be put in a less amount of milk may be used. This amount must be divided and such a portion given at each feeding as will amount to the total during the twenty-four hours. Water should be given if the patient will not take it otherwise.

The feedings may be given twice or three times in twenty-four hours, or in smaller quantities oftener if the stomach be not strong

enough to care for a large quantity at one time. The temperature of the feedings should be warm, not hot, at about 90° to 95° F. Food fed in this way is not warmed by the bodily heat during the passage through the œsophagus, as in the normal method of eating. To avoid chilling the stomach and delaying digestion some slight warmth must be imparted to the food before its administration. Liquid medicines, laxatives, hypnotics, or stimulants may be given as needed through the feeding-tube at the time of the meals, as the patient does not taste them when fed in this way.

Rectal feeding may be necessary if the stomach be intolerant of food, as in cases of profound exhaustion, and in some cases of paralysis of the throat where passage of the tube is attended with serious difficulty. Rectal feedings are seldom given oftener than four times in the twenty-four hours. Predigested foods are preferred, as peptonized milk, eggs and milk, beef-juice, and so on. It is not necessary to describe this manner of feeding the insane, as it is a recognized therapeutic measure in cases of serious gastric disturbance in the sane, the methods employed being the same.

(To be continued.)

THE FLOATING HOSPITAL OF ST. JOHN'S GUILD, NEW YORK CITY

By SARAH BESSIE PALMER

Chief of Trained Nurse Department

THIS is the day of the recognition of the germ, and not infrequently the discovery of the germ-root is the result of the study of effect, and from it, working backward, we reach the germ of cause.

I have been asked for a sketch of the "Trained Nurse Department" of the Floating Hospital of St. John's Guild, New York City, and surely this would be incomplete without a peep into the early history of this unique institution, and the demonstration of the germ incident from which it sprang.

In July of 1873 Mr. George F. Williams, then city editor of the *New York Times*, sent his family into the country, and one day as he was crossing the City Hall Park on his way from the Grand Central Station he saw five little children under a tree nearest to the fountain, and heard one of them say that they were "playing they were in the country." His ear caught the words, and his heart reëchoed them, and he mentioned the incident to Mr. Jennings, the editor, and together they



THE CRIB-ROOM



WARD B

wrote an editorial, "Why Cannot the Poor Children go to the Country in the Hot Weather?" To this the public responded, and the "Fresh Air Work" started.

Mr. Williams's first step took the form of barge excursions for newsboys and bootblacks—types of the "gamin" to whom mischief and rough play are apt to be assigned as prominent characteristics; sentiment, solicitude, tenderness, and care of others are not usually credited to the noisy small boy. What, then, were the sensations of surprise when a ragged urchin approached Mr. Williams, hat in hand, saying, "Say, Boss, dis is fine for us, but what about me little sister, de kid, what's sick?"

The small boy sociologist had unconsciously laid bare the germ of the Floating Hospital, where "de kid what's sick" is the one to be cared for.

The need, the want thus exposed, had to be met, and it was. The idea was acted upon, and on July 19, 1876, the first trip of the Floating Hospital was made.

For eleven years three trips were made each week, and then there came forward movements in many forms. More trips were added, and the salt-water bathroom was thought of and established by the Hon. John P. Faure, ex-Commissioner of Charities of New York City and chairman of the Floating Hospital Committee for the past twenty-five years.

The trained-nurse department came into existence, small, to be sure, at first—one nurse one day in the week on one boat as an experiment. Need it be told that there was but one direction in which such a measure could move, and from that to a department comprising thirteen graduate nurses six days a week the growth was both rapid and steady, and it is my great privilege, after five-years' experience, from assistant to chief of the nursing department, to undertake a description of its functions.

At the present time there are two Floating Hospitals—namely, the Emma Abbott, No. 1, and the Helen C. Julliard, No. 2, which accommodate daily three thousand mothers and infants: one hospital on either side of the great city of New York, and each perfectly equipped for the work for which they are intended—namely, "the care of the sick and destitute poor of the city!" They are put in commission early in July, and continue during the scorching summer months far into September.

There is no training-school connected with these hospitals, but each department is under the direction of a graduate nurse and assistants—namely, wards, upper deck, quarantine, salt-water bathroom, and milk department.

All employés are on duty at six A.M. daily and receive their three meals on board: the staff dining-room is in the neatly fitted cabin built for that purpose on the main deck in the bow.

There are three landings daily on each side of the city and in Brooklyn. The first is made at eight A.M., and as the hospital approaches the pier one sees in line hundreds of anxious mothers carrying the sick children, who have patiently awaited the approach of the hospital for some time, for many leave their homes very early to get out in the free, open air.

Each mother presents a ticket containing the name, address, age, and diagnosis signed by a physician, and often the treatment given. In such cases the same is carefully carried out by the hospital physician, thus avoiding any harm by change of treatment.

These cards of admission are obtained at all dispensaries and hospitals and from most physicians in the city. The little patients undergo two examinations, first by the representative of the Board of Health; then they are passed on to the hospital physician, and by him are sent to the different departments—all done by the ticket system.

No contagious cases are admitted; therefore, should they be discovered by the physician of the Board of Health on the pier, they are turned aside, name and address taken, and the case is reported; should, however, a case be discovered on board during the day, it is immediately isolated in the quarantine ward and the necessary care given. The head nurse stands at the head of the gang-plank to direct whenever necessary.

All cases which are too ill to be sent to the upper deck are immediately given either a dispensary or ward ticket, and between landings receive a reëxamination by the hospital physician, who prescribes accordingly. Many cases come daily or as often as is necessary for the benefit of the sick child.

Two rounds are made daily in the different departments, and any case which might have developed during the day is given attention.

All deck cases receiving medicine are marked with tags bearing the name of the medicine, time of administration, and dosage. Either the nurse in charge of the department in which the case occurred gives the required medicine, or, if the mother is sufficiently intelligent, she is allowed to give it herself under the direction of the nurse. Each patient receives a separate bottle and spoon. Each family in the morning on entering the hospital and again during the noon hour receives a ticket bearing the number of children or adults who are entitled to receive milk, and these tickets are presented at the milk department at ten A.M. and two P.M., when fresh, cold milk is distributed.



DOCTOR AND NURSES MAKING ROUNDS ON THE UPPER DECK OF THE EMMA ABBOTT



CHIEF NURSE LECTURING TO MOTHERS' DIETARY CLASS

Especial care in the feeding of infants is one of the important features of this milk department. Many formulas are prepared under the supervision of a graduate nurse. The infants are furnished with a different bottle at each feeding; formula, amount, and time is indicated on the ticket prepared by the attending physician on the pier; then the time of last feeding is marked on the ticket by the nurse when the food is given to the mother, thus teaching the importance of systematic feeding.

Instructions of one hour are given tri-weekly by the chief of the nursing department to young mothers, half of the time assigned to the lecture being devoted to the care of infants, preparation of foods, etc., and the remaining half hour is given them for asking questions, and I can bear testimony that they show thought and an intense desire for better living.

At the noon hour anchor is cast twelve miles down the bay and one mile from shore, practically at mid-ocean, and full benefit of the sea-air is obtained. Opposite this anchorage is the Seaside Hospital, to which the severe cases needing constant attention are transferred, always accompanied by the mother, who remains indefinitely, at the discretion of the hospital physicians.

The electric water ambulance is always on the alert, and comes promptly to the rescue in transferring the sick infants and tired mothers as soon as anchor is cast.

There is a dining-room belowstairs with a seating capacity of three hundred and fifty at one meal. Here all mothers and children are given a hot meal at the noon hour.

At three-thirty P.M. the anchor is raised and the hospitals return to the city, landing all at their respective piers, children improved and mothers wiser for the day's trip.

During the past season eighty-one thousand five hundred and fifty-four mothers and children were carried, sixteen thousand seven hundred and twenty-six medicated baths given, and five thousand and thirty-one cases were under treatment.

The warm-hearted public of New York City has proved its interest not only by personal contributions, but by many endowed beds in the wards.

If there is one department that stands out above another, it is the salt-water bathroom. This is under the supervision of a trained nurse, and many assistants who speak different languages. This room is fitted up with six porcelain tubs for infants and twenty-five spray baths for older children and mothers. The salt water is heated at any temperature desired and forced from the bay by means of machinery espe-

cially adapted to that purpose. All kinds of medicated baths are given as well when ordered by the hospital physician with fresh water, working in the same manner.

The lessons of the bathroom, the careful instructions given to mothers and children, cannot but bear fruit for generations to come. No baths of salt water are given until the hospital is well down the bay, thus avoiding the stagnant waters around the city. It will doubtless be seen that this department has become an educator among the tenement poor.

I think I have given a fair idea of the work of the Floating Hospitals; but let me add one more and a most important one, the care, guidance, and instruction of "little mothers." These little girls, children only from six to twelve years of age, whose faces already show signs of care and responsibility, appeal to the thoughtful. These are the cases receiving special instruction and attention—the little mother of ten years, with infant in arms, many times two or three other children following, whose mother is ill in some hospital or toiling hard to support the family, but who knows well that her little ones are carefully protected on "The Floating Hospital," and then we see the happy father, who after a hard day's work comes to meet his family at the pier on the return trip, delighted to see the change for the better in his children. And again we see the anxious father meeting the hospital upon the return trip to inquire after his very ill child, who had been left at the Seaside Hospital with its mother.

Among the hundreds of women there are many pitiful stories poured into the ears of the nurse on the upper deck, and they are listened to with patience. Then the name and address of the woman is taken and given to one of the district visitors employed to look them up in their homes, and, if worthy, the case receives attention from the city.

I leave you, my reader, to draw your own deductions of the benefit of the work done on board these hospitals during the busy days, all of which are too short, and you can't help but be impressed with the fact that they are hospitals, and not excursions.

Surely such institutions of mercy cannot die, but must live on from generation to generation, growing stronger and broader in many lands, among people of various tongues, and perpetuate wherever existing an ever-living memory of their founders, who through their infant life guided them through many struggles, and have brought them to such perfection. Truly has it been said, "A little child shall lead them."



SALT-WATER BATH-ROOM ON THE EMMA ABBOTT

POINTS ABOUT THE PRIVATE NURSE

By ANNA A. DAVIDSON

Graduate Presbyterian Hospital, New York City

(Continued from Vol. III., page 940)

SECOND PAPER—THE PERSONALITY OF THE NURSE

Not long ago I was discussing the question of nurses with a doctor who criticised them very severely. Being driven into a corner in my defence of them, I finally asked him in desperation, "Well, what *do* you consider the all-important attribute of a nurse?" He paused a moment, and then, with a laugh, confessed, "Her personality." Do we not often hear people say a certain nurse is all right during extreme illness, but that they beg to be delivered from her during convalescence? Anyone who has ever had anything to do with a nurses' register knows of the frequent requests for an attractive nurse, a young nurse, a pretty nurse, and although the age and beauty is beyond our control, the attractiveness is not always, and the nurse who possesses it or acquires it need be neither youthful nor pretty to bring sunshine into a sickroom, and she will always be in demand.

Let us begin with her appearance. Of course, it is an indisputable fact that she must be neat, but many carry even that too far. Should a nurse draw her hair smoothly back when it is more becoming loose, especially if the latter is the prevailing fashion? I know of one patient who was very much annoyed by her nurse's hair being crimped and held down on her forehead with a net. It was neat, to be sure, but prim, and at a time when everyone was wearing a pompadour "got on the nerves" of a dainty woman who liked everything pretty.

A nurse should always dress well, but never gaudily, when going to and from her case, for no one wants a dowdy-looking nurse coming into the house, and the street-clothes need as careful attention as the uniform. "The idea of a nurse thinking about her looks! I should think her mind would be on higher things," once said a lady to me. I promptly told her it was a part of my profession, for sick people are very critical, and often their first meeting with the nurse is in her street-clothes, and first impressions go far towards a permanent opinion.

The nurse who pares her nails down to the quick loses sight of an important point: her hands come constantly before the patient's eyes, and should be kept soft and the nails nicely trimmed and manicured. It is essential that a private-duty nurse should be well read in current fiction as well as the standard authors; she should go to the theatre as often as possible, listen to music, visit art galleries,—in fact, keep up

with all the passing events of the day,—in order to be able to converse freely on all subjects. No opportunity should ever be lost to learn; whether it be a subject that interests her or not, she should make a point of storing it away in her mind for future use.

The nurse who each time she finishes anything drops into her chair and becomes absorbed in her book is decidedly annoying during convalescence. That time is just as essential to the patient as when he is tossing in pain, and is the time when the nurse's personality counts for much. She must learn to accommodate herself to circumstances, and she who learns to turn her hand or mind to the whims of the patient, whether it be gardening in the window-box or playing cards, is invaluable.

There are houses where the nurse is needed just as a nurse, and where it is her place to obliterate herself as much as possible outside of her professional duties, and perhaps later in the same house she has to bring forth her personality, enter into the family as one of themselves, act as a balance-wheel to a nervous, excitable family, or bring forth her entertaining powers as a companion.

Can all nurses do this? Can we always forget ourselves enough not to join in a conversation when we are not wanted (and have the intuition to know when we are not wanted), or overcome our own depression enough to cheer someone else?

Above all, can we not all of us cultivate a personality that will please and entertain others, for surely at times entertaining is as much our work as nursing?

A DAY'S WORK OF THE DISTRICT NURSE*

By MAE L. CLEAVES

Head Nurse, Newport, R. I.

IN accordance with a request made by the Charity Organization for some information in regard to the district nursing done by the Newport Hospital I have prepared the following paper:

The district nurse begins her work at seven A.M. and visits the patients in the order of their needs, and not in the order which would suit her own convenience and enable her to finish her day's work with the most speed. Our work includes medical, surgical, and obstetrical cases.

Taking the visits of one day for example, the nurse began her work

* A paper read at the Annual Meeting of the Charity Organization Society, January 20, 1902.

by visiting a young girl who was ill with pneumonia. On the previous night a call came from one of the physicians at about eight o'clock asking us to visit this child in the morning and put on a "pneumonia jacket," a garment made of cotton wadding for the protection of the chest. Instead of waiting until morning the jacket was made at once, and the district nurse, accompanied by one of the nurses who had been on day duty, went to apply it. The nurse carried sufficient broth and gruel for the night. As the child had quite a high temperature and there was no one to care for her except her father, the nurse made this her first visit in the morning. More nourishment was carried for the child and given her when the nurse arrived. A sufficient amount was prepared, so that the father could give it every two hours during the day. The child was given a partial bath, hair combed, back rubbed, and mouth washed. Then the bed was made and the room put in order. For some time the nurse visited this patient twice a day.

The next visited was a mother with a little baby. There were five other children in the family, all cared for by the father and a brother of the patient, a young man who was out of work. The father was a laborer and had work only part of the time. The house was in a very uninhabitable condition. There were but two rooms downstairs and one or two above. The furnishing of the front room consisted of a bed, a broken rocking-chair, one common chair, a table, and a bicycle. The kitchen, quite a large room, was furnished with a cook-stove, table, three chairs, and a clothes-horse. Several panes of glass were out of the windows, and various articles of cast-off clothing were used to keep out the cold. After a few days, however, the glass was put in by the landlord. The dishes were odd bits, nicked and cracked. The kitchen fire was invariably lighted with kerosene, and the odor of this was never out of the house. The children's clothing was more especially dirty than ragged. Here the nurse turned her attention first to the mother, giving a partial bath and changing the clothing. The baby had to be washed and dressed, its eyes carefully bathed, and mouth washed. The other children had to have their faces and hands washed and hair combed. Then the rooms had to be put in order and the mother and children given breakfast if that meal had not already been served.

In this case the mother did not have sufficient clothing for the baby, so the nurse took the necessary articles from the loan closet, which were left until the mother got up and was able to provide them.

The washing for the family in such cases is usually done by some friend or perhaps by some member of the household, and occasionally we have to look up someone to do it. If the clean clothing is not ready one day, it can generally be had the next. In some cases the mother will send

to the store to buy a sheet or a pillow-case so as to have a clean one to put on the bed, and the nurse turns her attention to some other part of the work until the necessary article arrives.

The next visit was made where the family were in more comfortable circumstances. The patients here were a mother and baby. A young woman, sister to the mother, kept house and took care of the two older children. The house was comfortably furnished and everything necessary for the mother and child was provided. As they were expecting the nurse, the water was hot, a change of bedding ready, and garments for the baby hung before the fire to warm. The usual toilet of the mother and baby was made. Here it was not necessary to do much about the house, except to put the patient's room in order. The husband was a laborer, having work only part of the time in winter but steady employment during the summer months. As a rule the friends of the patient are very ready to help the nurse in her work and show much interest in what she does to make the mother and baby comfortable. The cases are very rare where the nurse is not welcomed as a helper, and in families where they objected when it was first proposed that a nurse should visit them, after a few days her coming is anticipated with pleasure.

After leaving here the nurse visited a family where there were four besides the new baby. The oldest child, a girl about eleven years of age, with the help of the father did the work and cared for the patients. The father was a laborer, and as he had work at the time, which was not expected to last long, they did not feel that he could leave it, so they were getting along with some help from the neighbors. The father did the cooking evenings and the washing Sundays.

The next visit was made at one of the more pretentious houses in town. From the external appearance one would expect to find the inmates with comfortable surroundings, but, on the contrary, the house was scantily furnished. The kitchen, a living-room, showed signs of the father having prepared a hasty breakfast for himself and then gone to his work. There were remains of the breakfast left to keep warm on the stove, for the children to help themselves as they chose. The soiled dishes were scattered over table and sink. The floor was littered with playthings, chips, coal, and crumbs. The stove was covered with dust and ashes. The children, four in number, were dressed for the day, but their hair had not been combed and their faces and hands were dirty. Upstairs things were no better. The mother, who was ill, explained that the children had been tearing round at play. "There's no one to manage them now that I'm in bed and *he's* at work," she said. After making the mother and baby comfortable, the nurse devoted her time to the children. Breakfast was served and the house put in order. The chil-

dren can help at this and do very well at washing dishes and sweeping while the nurse is by to encourage them.

These people in sickness generally depend upon their neighbors, who, as a rule, are exceedingly kind, and a great help to those who are for the time more needy than themselves. It is the woman downstairs who does the washing or the neighbor across the way who brings in a bowl of gruel, a cup of tea, or a bit of toast, or gets the children's dinner, or does any of the numberless things one may do for another.

These people understand one another's needs and anxieties and offer assistance which is of great value to their friends.

One lamentable thing which is found occasionally is the lack of preparation in cases where a little one is expected. Several times it has occurred that the nurse had to return to the hospital for clothing for both child and mother, and all because of simple shiftlessness.

On an average a nurse can make about nine visits a day. Sometimes as much as an hour and a half is required to do all that is necessary to make the patient comfortable, and in other cases much less time is needed.

Besides obstetrical cases we have another class of patients, the aged and those who are ill with some chronic disease. The assistance rendered these people is of really greater benefit than that given the first class. For a number of months the district nurse visited an old lady every day. Sometimes she felt too weak to have anything done for her, but on other days she would allow the nurse to comb her hair, bathe her face and hands, or give her a full bath. Frequently the nurse would read aloud to her for a little while. Although the service given by the nurse was so trifling, it added much to the patient's comfort, and the daily visit became an event to which the old lady looked forward with much pleasure. Some simple dessert, fruit, or flowers invariably formed a feature of the visit. Some days magazines or illustrated papers were carried, and the patient spent many a pleasant hour looking at pictures.

We have cared for several phthisical patients, and in these cases the nurse not only works for their comfort, but teaches them and other members of the family how to protect themselves from the disease. Special stress is laid upon the importance of fresh air, sunshine, nourishing food, and disinfection. Too often a phthisical patient is found shut in a little, overheated, badly ventilated room, with several other members of the family, no attention being paid to ventilation. The food served for the family either does not appeal to the capricious taste of the invalid, or the appetite may have been spoiled for some eagerly desired dish by the odor of the cooking food. To these patients the nurse carries that which they especially crave, varying the food as much as possible. At

present we have one patient who is fond of oyster-broth or stew; another who prefers clams or some meat-broth. Recently we had a patient who cared for nothing but Malaga grapes. In summer ice-cream is very acceptable. Occasionally the nurse prepares this in a small freezer and carries it packed in ice to one or two patients.

If the invalid be in bed, she is given baths frequently, and special attention is paid to the back and parts upon which pressure comes to prevent bed-sores. The bed is made, patient's clothing changed, and hair combed. The room is swept and dusted.

The work is carefully supervised by the head nurse, who visits the patients once a week to oversee the work done by the district nurse and ascertain more clearly the condition of each patient. Special cases are also visited at other times. These visits average six hundred a year.

Often special appliances, such as air-cushions, hot-water bottles, head-rests, etc., are loaned from the hospital and returned when the patient has no further use for them.

As it is not practicable to have the same nurse visit all classes of cases, two nurses are employed in district work. The nurse having the septic cases must not visit the patients who are cared for by the other nurse; therefore, although there are calls to be made on Washington Street and others on Wellington Avenue, both nurses may have to travel this distance, and since the most needy are visited first, the trip often has to be made twice. If the nurse be able to ride a bicycle, considerable time is saved going from house to house. Wheels are furnished by the hospital for the use of the nurses on district work, and in some instances a teacher has been engaged to enable them to learn to ride. Car-tickets also are provided. For night-calls a carriage is frequently ordered if the hour be late or the weather very inclement. Two nurses are always sent in answer to calls that come after seven P.M.

No nurse is allowed to respond to calls from the doctors while she is out about her work. Anyone wanting a nurse must apply to the hospital. However, in case of an accident or emergency, if the nurse were called upon, she would do what she could and report the case upon her return to the hospital. Orders which a physician wishes the nurse to carry out are either left in writing at the home of the patient or given through the hospital. In some instances the nurse has to leave a brief account of the condition of the patient at the time of her visit or make note of some symptoms. Upon her return to the hospital the condition of each patient is reported to the head nurse, and such conditions as indicate anything unusual are reported to the superintendent and then to the physician in charge of the case. A daily record is kept of all the out-service. Each nurse writes an account of the visits that she has

made during the day. They are entered with the date, number of visit, class, whether medical, surgical, or obstetrical, the time of arrival and departure, a summary of the work done, and an item of what was carried from the hospital, whether food, flowers, books, or clothing.

The nurses are not allowed to receive money or any gifts from their patients, and only in case of spending a day or more continuously on out-service would she be permitted to receive food. Nurses on out-service must wear the uniform of the school. If a call come at five or six A.M., unless she has a full day's work before her the district nurse answers this; it may be that she may have to spend four or five hours at the house, thus making her so much later in beginning her regular work for the day. The nurses are not allowed to give personal aid to needy people. If there be immediate need of food, the nurse returns to the hospital at once, gets sufficient food to last until the proper authorities have been notified, and sees that the patient is fed. If bedding be needed, it is supplied temporarily from the loan closet and the case reported. The same course is followed in relieving any need of the families visited.

The special attention of the nurse is, of course, turned towards the one who is ill, and for the time being that one is our patient as much as those within the hospital. Nourishing food in such form as the patient can take is carried if for any reason it cannot be prepared or furnished at home.

Although it is at quite an expense that this work is carried on, it is the hope of the hospital to do more for the sick poor outside as well as within its walls, and we are glad to know of any needy case, either of the aged or infirm, where the services of the nurse would be a help. Although this work is a trifle outside of the regular course of hospital affairs, the charter of the Newport Hospital is sufficiently broad to warrant the expenditure of funds for this purpose. In November, 1901, the district nurses made four hundred and four visits, and the number of visits for last year was about thirty-eight hundred, with thirty-seven days' service. The number of families visited during the year was two hundred and eighty. Quoting from the first report of the superintendent, made in 1886: "So far as practicable, the nurse endeavors, in these homes, not to free the inmates of responsibility for their sick, but to share it, to direct their efforts, teaching those unaccustomed to such duties methods of which they know nothing, thus providing for better care of the patient during the absence of the nurse and in cases of future illness they may meet."



EMERGENCY WORK OF THE PRESBYTERIAN HOSPITAL, NEW YORK

By ANNE STEWART RUSSELL

To MEET the demands of an active ambulance service the ground floor of one section of the hospital is fitted out as an emergency and receiving ward.

This ward is in two divisions, one being for men, the other for women and children. Each division consists of a room where the various dressings are done and in which beds are kept ready for patients brought in on our ambulances, of a waiting-room, and a bath-room.

Common to both is a small operating-room, where much minor surgery is done, a room where patients may be isolated if necessary, a linen-room, drying closet, and a splint-room, where splints of various kinds are kept, also cretchets, fracture-boards, cradles, etc., etc.

In connection with this ward is an examining-room, where patients desiring admission to the regular hospital wards are examined by the physician or surgeon on duty for that purpose—a nurse always being present during the examination of female patients.

We have also an X-ray room, where all cases of fracture are systematically examined on admission and once a week afterwards until discharged cured. Here too, daily, treatment is given to cases of cancer which may be benefited by the X-ray light. The Finsen-light treatment is also given in this ward, three afternoons a week being devoted to this purpose.

The number of patients treated daily in the emergency ward varies from seventy-six to one hundred and fifty, the larger attendance being during the summer months. Any case of accident or other emergency is admitted here at any time of day or night and the necessary relief or help given, but for anything beyond this first treatment we have an open clinic from nine A.M. to one P.M. to which all patients needing further or continued aid come on appointed days, the frequency of their visits and the interval between each depending on the extent or severity of their injury.

The work for the morning hours is divided as follows: Monday, Thursday, and Saturday the greatest number of surgical dressings are done; Tuesday and Friday mornings are given up almost wholly to working on fractures; Sunday and Wednesday mornings to urethral and rectal cases.

The afternoons are occupied by minor operative work, either on patients sent down from the hospital wards or on those admitted re-

quiring surgical interference, as in the case of small tumors, cysts, etc. Massage and electricity are also given during the afternoons to patients requiring such special treatment.

While this is the routine work, it must be remembered that the primary object is that of meeting any emergency at any moment, from a headache to various kinds of poisoning, as morphine, Paris green, or illuminating gas, from a tiny scratch to a fracture of the base of the skull. Then, as the hospital maintains a sick-call ambulance service, we have many patients brought to us suffering from any form of disease.

All the serious cases entering the hospital are received and examined in the accident ward, and when necessary the first treatment is given here. This first treatment may consist of medication (stimulants, hypodermically administered), phlebotomy, infusion, etc.; baths, hot or cold; ice applications; reduction of fractures, and in compound the cleansing and suturing of the wound; curettage; gastric lavage; paracentesis, catheterizing, etc., etc.

Patients brought to the hospital for immediate operation (for appendicitis, for instance) are prepared in the accident ward and taken directly to the operating-pavilion and from there to the hospital wards.

Another class of patients is composed of those needing hospital treatment but who are not severely ill or for whom we have no room in our wards. Such patients are kept in the accident ward from six to twenty-four hours; they receive the necessary care and treatment and are then transferred to other hospitals. Many, however, are able to go home with their friends at the end of twelve hours. Also a patient whose condition renders it unwise to move him farther is cared for here until it is considered safe to take him to the ward.

The number of patients admitted to the hospital through the accident ward is about one hundred and fifty each month, and from the examining-room about the same number. Between the accident ward and examining-room some three hundred people are examined each month and are referred elsewhere, either for lack of room or because they are not suitable cases for the hospital.

The accident-ward service is in charge of the senior surgeon on the house staff. He has as his assistant the senior surgeon on the second division, one or other being always on call.

All serious cases are referred to the house physician or surgeon, and if very critical are reported at once to the attending physician or surgeon.

The ambulance service has its appointed surgeons, "who may not serve until they have been in the hospital six months."

The first and second seniors on the medical house staff are examining physicians serving on alternate days.

The nursing force consists of a head nurse, five assistant pupil nurses, one probationer, and an orderly during the day, and of a nurse and orderly at night. These nurses are also on duty in the dispensary, of which more will be said later.

The pupil nurses are on duty in this department, accident ward, examining-room, and dispensary for four months. The first month's duty is in the men's accident ward and X-ray room. The second month is spent in the ward for women and children, examining-room, and the dispensary operating-room. The third month they are made responsible for care of dispensary instruments, supplies, cleanliness, and are in charge of the gynaecological work. The fourth month is spent as senior in the accident ward, with care of ambulance bags, instruments, the preparation and sterilizing of all surgical supplies, and care of patients, also preparing for and assisting in the accident-ward operations.

The fifth nurse assists with dressings for two hours each morning, and is on duty in the dispensary throat, ear, and eye service for two hours each afternoon. The rest of the time she is on duty elsewhere.

The probationer remains one month only, during which time she is taught the making of the ordinary disinfecting solutions, cleaning and sterilizing of instruments, gloves, and surgical utensils, to prepare patients for examination, and to take temperature, pulse, and respiration, also the preparation of the simpler surgical supplies.

All patients seeking treatment are examined by a surgeon: if severely injured, he attends to them himself, otherwise he leaves orders for their treatment with the head nurse, and she assigns the work to the pupils in such division that each may gain an equal experience. The nurses prepare the wounds, instruments, and dressings for the doctor and assist him in his work.

Orderly cases are prepared by the orderly, and he assists the doctor with these dressings.

Each nurse also receives some instruction and experience in giving anæsthetics.

The dispensary service has its own building and is open daily from one-thirty to five P.M. for all manner of diseases except contagious, for general surgery, and for minor operative work. The number of people treated daily averages three hundred and fifty; sometimes there are over four hundred. These are assigned on entering to the doctors according to their trouble, there being two examining doctors admitting. They are examined, treated, and given, if needed, prescriptions, which are filled at the hospital pharmacy, the pharmacist and one assistant devoting their time to this one object during dispensary hours.

There are four nurses on duty here in the afternoon—one in the

gynæcological department, one in the surgical and also in the operating-room, one for throat, eye, ear, and nerve work, one for all medical work and surgical work which is not clean.

The head nurse is also on duty here during dispensary hours, but sees to the nursing only at this time, the supervising of things in general being done during the early morning, the assistant superintendent of the hospital having general oversight and charge of the office work during the dispensary hours.

(To be continued.)

AN EXPERIENCE OF PRIVATE NURSING.—In taking a private case recently, after some years of institutional work, I have been much interested, and often surprised, to see what have been the items specially pleasing to the family. Having the care of a tiny, delicate baby, on the first morning after my arrival, it being cold and raw, though the month was called June, I instinctively lighted a wood-fire before giving the baby her bath. With the facilities I possessed it would never have occurred to me to do otherwise, and, much to my amusement and surprise, I found it commented on as evidence of my *superior* knowledge of babies! Again, the little one had very dainty dresses, and for my own enjoyment I always kept her fresh, and instead of wearing only the plainer clothes, I tried in turn all the articles of her wardrobe, only to have the family exclaim as to what a pleasure it was to have someone take sufficient interest to keep the baby looking nice! I finally entirely won the grandmother's heart by tying little ribbon-bows around the baby's sleeves just above the elbow.

One morning after several nights of training I announced with great glee that the baby had slept all night without being fed,—I really felt much pleased over the result of the training,—when, lo! I was told, “I am glad the baby slept so you could have a good night.” Again, after considerable effort, when I had succeeded in obtaining a desired result in the training, and, as I thought, better development of the child, I was informed that “it was surprising how much trouble people could save themselves in the care of babies if they only knew how!” So it has happened again and again, my training for the benefit of the baby seeming scarcely to be made of any account, and just the little things that one would do almost instinctively being appreciated.

I know that there must be the experience to beget confidence, but I have certainly learned the lesson, that all the experience in the world wouldn't make one acceptable without the interest that leads one to do her utmost in the little things that seem sometimes almost trivial.

A.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from Vol. III., page 953)

THE trained nurse who devotes her time to nursing in private families will be called upon to solve many complicated questions that do not come into the pathway of her sister who nurses along the lines of order and regulation to be found in all institutional work.

Perhaps a few suggestions on the all-important "servant question" may be found of value to the young nurses as they start out in the world to prove how much their hospital training has moulded and strengthened their characters.

As I showed in a former paper, tact is of supreme importance in the establishment of a successful career in private nursing, and nowhere is it called in question so often and to such a large extent as in the attitude of the nurse to the servants of her patient's household.

One of the fundamental truths we learn in our hospital training is to wait upon ourselves, and yet this rule is often forgotten or put aside the moment a nurse assumes the responsibility of her "first case."

I don't in the least advocate the nurse putting herself on a footing with the servants, assuming any of their duties, or allowing herself to be considered on their level, but many nurses err sadly when beginning their work by following the idea that they may order the servants hither and yon (as they might in their own homes), and yet expect them to be polite and obliging.

The mere advent of sickness into a family always creates extra work, and the larger share falls upon the servants, who are thus disturbed in their regular routine.

In the homes of the wealthy, where large staffs of servants are employed, the nurse will often find it good policy to accept their services, even when not absolutely necessary; but in such homes the maids expect to wait on the nurse, and frequently give her as much personal attention as if she were a guest.

Again, we enter families where one or two maids have all the work on their shoulders, and in consequence often resent the smallest task that would add to their burden, and here the nurse will show what her true character is.

One of our famous surgeons told me that he was obliged to dispense with the services of one of his best nurses because she caused trouble with the servants in almost every house she entered.

The nurse should make it a rule to wait upon herself as far as lies in her power, and when she does call upon the servants for help to do so in a gracious, pleasant manner, as if she were asking a favor, at the same time keeping a dignified distinction between herself and them; in this way she will command their respect and find that her tact and winning manner has oiled the troubled waters caused by her appearance.

Some nurses are afraid their dignity will be hurt or their position lowered if they are called upon for any service that could not strictly be classed under the head of "nursing;" though, for the matter of that, there are few nurses who will not at some time be obliged to undertake a large variety of tasks in the homes of their various patients entirely outside the pale of actual nursing, from the hunting up and engaging of servants, to assuming the entire responsibility of the household during the illness of the mistress.

In one country home to which I was called the maid-of-all-work fell ill, and for some days I found it necessary to nurse the maid as well as the mistress, and to do all the housework until the former was on her feet again.

Indeed, the term "trained nurse" is generally considered to be of most elastic proportions, and to cover almost any task that a well-educated, tactful, obliging woman is capable of accomplishing.

But to return to the servant question: In many homes there dwells "a family treasure" in the shape of an elderly female who has grown gray in the service of the house and is somewhat of an autocrat to all the household, the master and mistress not excepted. Sad it is for the trained nurse if she fail to propitiate this dignitary, who frequently will be absurdly jealous of anyone but herself caring for her mistress, and it calls for an infinite amount of patience and forbearance on the part of the nurse to keep the peace and prevent her patient noticing any disturbance in the domestic economy. This confidential servant has, as a rule, authority over the other servants, and it is within her power to do hosts of things to make the life of the nurse—outside the sickroom—miserable.

Several times I have encountered this type of upper servant, but always—with one exception—was enabled to win them over to my side. The exception was an elderly female much resembling the time-honored "Miss Miggs" that Dickens has immortalized in "Barnaby Rudge." As her young mistress and I—contrary to the good advice bestowed upon young nurses—became fast friends, her dislike of me grew to positive hatred, and she triumphed in the art of making me unhappy. I was determined, however, that my patient should not be troubled, so held my own counsel and treated my adversary with (apparent) indifference.

But these cases are rare, and it usually depends entirely upon the nurse how she is treated by the servants. Her position is a little difficult; not being a guest nor a regular member of the household, appearing at a time of trouble and general upsetting of the family life, it is by the strength of her personal character that she will create her own place in the family life, where she is often treated nowadays as an honored guest and—with rare exceptions—always as a lady.

(To be continued.)

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from Vol. III., page 448)

[In the last volume we published four of what we promised should be a series of articles entitled "Home Economics," by Mrs. Alice P. Norton, assistant professor of home economics of the School of Education, University of Chicago. Owing to pressure of university work Mrs. Norton was unable to continue these papers at that time,—the last number appearing in March,—but she begins them again with the assurance that the series shall be completed without another break.—ED.]

V. PROTEIDS AND THEIR USES CONTINUED

IF it be true, as Mrs. Richards has said, that "the prosperity of a nation depends upon the health and the morals of its citizens, and the health and the morals of a people depend mainly upon the food they eat and the homes they live in," the right selection of food becomes of the utmost importance. The various uses of food must be recognized and the nature and function of the different food principles studied that the proportions needed under varying conditions of age, activity, and climate may be ascertained.

The body differs from the ordinary machine, to which it is so often compared, in that it not only needs fuel to produce heat, partly utilized as heat and partly transformed into work, internal and external, but it must also obtain building material to provide for its own growth and to repair the waste that is constantly going on.

This latter function can be fulfilled only by one class of foods, the proteids, while these can also act as fuel foods. It is this fact which gives the proteids so great importance that we largely estimate the "value" of a food by the amount of proteid that it contains.

Childhood, the age of growth, especially demands food containing

a large proportion of proteid in comparison with the other nutritive ingredients—in other words, food having a high “nutrient-ratio.” Eggs and milk are both foods of this kind, as would be supposed, since they are nature’s “infant foods.”

Perhaps when man has become more civilized he may obtain his food without the taking of life, but at present meat forms the chief source of proteid for a large portion of adults. Vegetable proteids are abundant in wheat and other cereals and in the dried seeds of plants of the pulse family, such as peas, beans, and lentils.

The following chart shows the average proportion of proteid in a few of our common food materials:

PERCENTAGE OF PROTEID IN SOME COMMON FOODS										
	10	20	30	40	50	60	70	80	90	100%
Milk										
Eggs*										
Lean beef ...										
Bread										
Cheese										
Dried peas...										
Dried beans .										
Macaroni										
Rice										
Potatoes.....										

* Edible portion.

TRANSLATED INTO TERMS OF POUNDS AND OUNCES

	CONTAINS ABOUT	
One pound of milk (one pint)	$\frac{1}{2}$	ounce of proteid
One pound of eggs (ten to eleven, without shell)...	$2\frac{1}{3}$	ounces of proteid
One pound of beef	$2\frac{9}{10}$	ounces of proteid
One pound of bread (one small loaf)	$1\frac{1}{2}$	ounces of proteid
One pound of cheese	$4\frac{1}{8}$	ounces of proteid
One pound of peas	4	ounces of proteid
One pound of beans....	$3\frac{3}{5}$	ounces of proteid
One pound of macaroni	$2\frac{1}{8}$	ounces of proteid
One pound of rice (two cups)	$1\frac{1}{4}$	ounces of proteid
One pound of potatoes (two large or three medium potatoes)	$\frac{1}{3}$	ounce of proteid

In other words, one pound of lean beef yields about as much proteid as three quarts of milk, or a dozen eggs, or two five-cent loaves of baker’s bread.

We must remember, however, that the proteid of the meat represents

its total food value much more nearly than the proteid of milk or of bread represents their total food value. Another factor that must be kept in mind is the amount of the different foods that one can eat and digest. It would not be difficult, for instance, for a hungry person to eat half a pound of beefsteak at one meal, while six eggs at a meal would be beyond the capacity of almost anyone.

When we use our meat for soup or beef-tea, even if we make these by the best methods, we succeed in extracting only a small amount of the proteid of the meat. The rest remains behind in the "soup-meat," and this should, therefore, not be thrown away, but, made palatable by proper seasoning or by combination with a little fresh meat, be utilized as food.

The flavor of the soup or beef-tea is due to certain nitrogenous compounds called extractives, which are stimulating rather than nutritious. The slight nutritive value that the soup possesses is due chiefly to gelatin, another nitrogenous compound, closely allied to the true proteids. The food value of this substance was long in dispute. At first it was thought to be of great importance as a source of nitrogen; then the opposite conclusion was reached, and it was considered of no value at all. Careful investigation has proved that neither of these extremes is true. Gelatin, while containing the same elements as true proteid, cannot replace it as a tissue-builder, but it can be substituted for a portion of the necessary proteid and perform its functions.

(To be continued.)

THE WORLD'S WAR AGAINST CONSUMPTION

COMPILED BY L. L. DOCK

(Continued from Vol. III., page 959)

"During the past year the United Hebrew Charities has carried on a study of the conditions in New York under which sufferers from tuberculosis live and has formulated a plan for their betterment and, where possible, their cure.

"The plan, in brief, is as follows:

"(1) To treat in their homes consumptives who are waiting admission to sanatoria, whose cases are not suitable for sanatorium treatment, or whose condition prevents the removal of the patient from the home.

"(2) To improve the sanitary surroundings of consumptives, and to teach them the prevention of infection and reinfection.

"(3) To supply relief, particularly suitable nourishment.

“(4) To provide a means of livelihood for improved cases.

“A special agent is employed by this society, and four hundred and eighty-three consumptives applied for help during the past fiscal year. One hundred and thirty-three were accepted for treatment and given careful attention by the agent and such treatment as was found advisable. The results have been very encouraging, and a report says ‘warrant the belief that a number of these unfortunates have been materially assisted towards recovery.’

“In Montreal the Charity Organization Society has undertaken a similar work, and at a recent public meeting, presided over by the Governor-General, Lord Minto, a committee was organized to promote the distribution of leaflets, to arrange for the delivery of lectures bearing upon the subject, to encourage the establishment of suitable public or private sanatoria, and to provide for the relief of indigent consumptives by proper and sufficient methods. This committee is now known as the Montreal League for the Prevention of Tuberculosis.

“In Washington, D. C., the Associated Charities has arranged for the delivery of lectures, illustrated with stereopticon views, showing the means by which the spread of consumption may be prevented. In St. Paul and several other cities the Associated Charities have been considering the subject in their monthly conferences. In New Haven, Conn., an Anti-Tuberculosis Association has been formed, and its work is mainly in the way of securing the erection of a hospital. In Cambridge, Mass., a movement has been organized which aims to improve the condition of the poor consumptives in the city and ‘finally to stamp out the disease entirely.’ Free diet, care from a trained nurse, instruction as to a healthful way of living, are the lines along which this organization intends to work.

“Scranton, Pa., has organized a ‘Society for the Prevention and Cure of Consumption,’ and it has begun the work of securing funds for a sanatorium in the vicinity of the city. It intends, also, to open in the poorer districts of the city dispensaries for diseases of the lungs and to provide visiting nurses for poor consumptives who do not care to go to the sanatorium.

“In Chicago the Visiting Nurse Association has taken the preliminary steps towards creating a permanent Tuberculous Crusade Committee, and in the last week of January a meeting was held and a permanent committee appointed. It was found that the charter of the Illinois Society for the Prevention of Consumption had expired, and it was decided to do the work originally undertaken by that organization. An educational crusade is planned to teach that tuberculosis is communicable, preventable, curable. The Young Men’s Christian Association of Denver

is issuing an appeal for funds for a farm where consumptives may find the kind of work they need during their recovery.

“The movement has in many places found concrete expression in the opening of sanatoria and dispensaries. In New York the parish house connected with St. Bartholomew's Church is to take up work in this field in connection with its new clinic building. A tuberculosis department is to be established, with a special trained nurse to visit the families of patients, distribute literature, and give advice. The Vanderbilt Clinic, which is connected with the medical department of Columbia University, has recently set apart certain days of the week for the special care of consumptive patients.

“In Boston the Massachusetts Emergency and Hygiene Association has issued a circular of ‘Friendly Advice to Persons Having Diseases of the Lungs.’ One form in which this circular appears is a stiff cardboard, fourteen by ten and one-half inches, ready to be hung in store, factory, or any public place. The circular is printed in both Yiddish and English. A daily clinic for tuberculosis patients is open at the Boston Dispensary. No public announcement has as yet been made of any general or educational work so far attempted in this field in Boston. There is a one hundred and fifty thousand dollar appropriation in the municipal treasury for sanatorial care of tuberculous patients, but no disposition has been made of it, the reason being given that such a sum is insufficient.

“In Philadelphia a new dispensary and sanatorium have been made possible through the munificence of Mr. Phipps. Temporary quarters are open, and the repeal of the ‘Fow Act of 1899,’ which prohibited the erection of hospitals in built-up portions of a city, will allow the erection of the large institution proposed by the donor. No mention can be made here of the many private institutions which do a public service—many of them of no small consequence—as sanatoria for consumptives.

“Besides this activity on the part of private societies, the Health Commissions, Legislatures, and Governors of various States have evinced great interest in the matter of bettering the condition of consumptives and preventing the spread of the disease. The Governor of Maryland has appointed a Tuberculosis Commission, the duties of which are to investigate the prevalence and cause of the spread of tuberculosis and its economic relation to the community and to recommend to the Governor, for submission to the Legislature, measures for its restriction. It is the purpose of the commission to make a thorough investigation of conditions in Maryland, both from the medical and economical standpoint. Ohio has, already, such a commission, and it has been gathering material recently on the economic forms of labor that will insure against relapse

and provide a living until normal strength and the power of resistance have been gained.

“In New York the contract has been let for the State Tuberculosis Hospital, and the New Jersey commission has selected a site for its State Tuberculous Sanatorium. Massachusetts, which has already done such splendid work in this field with its sanatorium at Rutland, has been discussing, through public hearings, the advisability and necessity of further sanatoria. The State Board of Health of Illinois has submitted a report to the Governor urging sanatoria for some of the eight thousand five hundred consumptives in that State, and from Delaware and Michigan come reports that movements are on foot to establish State sanatoria. Rhode Island has a Commission on State Sanatoria for Consumptives, which has just submitted a report as to proper methods of treatment and proper sites in that State. The Board of Charities and Correction of Philadelphia plans the erection of pavilions which will embody advanced ideas in sanitary science, and the Cook County board has proposed a plan for an entire new plant for the care of consumptives at Dunning, on the outskirts of Chicago. These have been considered at length in former numbers of *Charities*.

“The New York City Health Department has appointed four nurses, whose special duty it will be to visit consumptives, and it has also begun the erection of a tuberculosis dispensary.

“In Evansville, Ind., in Orange, N. J., in San Antonio, Tex., in Hamilton, Ontario, meetings of citizens have been held to discuss the problem of prevention of consumption. The list given does not by any means exhaust the number of communities that are aroused to the importance of taking action in the matter. It certainly augurs well for a community when its citizens seek light on so grave a danger. It means the ushering in of a better time, when consumption will take its place by the side of smallpox, yellow fever, malaria, diphtheria, and other diseases which once were scourges, but which are now conquerable and comparatively limited in their ravages through the efforts and skill of the men of medicine and intelligent precaution on the part of the people.”

BOOKS OF REFERENCE

- “Sanatoria for Consumptives.” By F. Rufenacht Walters, M.D. E. P. Dutton & Co.
- “Prophylaxis and Treatment of Pulmonary Tuberculosis.” By S. A. Knopf, M.D. P. Blakiston's Son & Co.
- “The Nordrach Treatment for Consumption in this Country.” By James Arthur Gibson. Sampson Low, Marston & Co.
- “The Hygienic Prevention of Consumption.” By J. Edward Squire, M.D. Chas. Griffin & Co.”

[Late reports taken from *Charities* and other publications show progress in many directions.—ED.]

STONY WOLD OPEN.—On August 15 the Stony Wold Sanatorium, in the Adirondack woods, was formally opened in the presence of some three hundred guests, including many physicians of prominence and others who have shown exceptional interest in meeting the needs of indigent consumptives. The chairman, Frederick B. Jennings, referred to the present undertaking as “another demonstration that science and philanthropy have joined hands to stay the great white plague, and that there is hope of life for those who have been without hope.” Dr. E. L. Trudeau, who has had experience of a quarter of a century in building up the Adirondack Cottage Sanatorium to its present unique position, was introduced, but with characteristic modesty spoke only a few words emphasizing the revolution which has been accomplished since his own pioneer work was inaugurated, at which time he had been looked upon as a well-meaning but impractical enthusiast.

The admirable site selected for Stony Wold, the beauty of its architecture, the spaciousness of its rooms, and the permanence of the construction of the buildings already completed, are the features which most impress the visitor. It is altogether too good to be true, and yet it is not too good if it will save some useful lives each year, as it will; and if the management is such—as it will be—as to provide a socially congenial and uplifting atmosphere in harmony with the pure air and the majestic beauty of the surroundings.

NEW HOSPITAL IN SOUTH BROOKLYN.—The dispensary which has been operated in the basement of the Fifteenth-Street Baptist Church in South Brooklyn has been outgrown by its clientèle, and steps are being taken by the managers and the staff of physicians to secure a suitable building in which to continue the work.

MODIFIED OPEN-AIR TREATMENT.—In Brighton, England, a novel plan has been devised by Dr. Arthur Newsholme, the medical officer of health, for giving assistance to consumptives who are dependent on the town for their treatment. Patients are sent for a month at a time to the Borough Sanatorium for a modified open-air treatment. The main object is not to cure the patient in this single month, but to teach him how to live after he returns home. Meanwhile his house is disinfected, and on his return he takes up his life under improved conditions. In

cases where a longer stay is practicable and particularly desirable, it is arranged for. But this limited stay brings about in most instances marked improvement, prolonging the patient's period of usefulness, and at the same time makes it possible for a larger number of persons to be benefited, decreasing proportionately for the community the danger of infection.

THE DENVER HEALTH FARM.—The latest form of activity undertaken by the Young Men's Christian Association of Denver has been the establishment of a so-called "Health Farm."

The farm is designed "to give an opportunity for young men of meagre financial ability to get the benefit of Colorado's favorable climate." While it is not specified that the preference will be given to cases of incipient consumption, still, it will naturally work out that most of the beneficiaries will be such cases.

Located five miles from Denver, on the highest ridge of a rich fruit-growing district, backed by a panorama of snow-capped mountains, little more could be asked in the way of natural advantages. The present equipment includes a brick administration building and a group of cottage tents, which were opened for residents on May 21. The plan is to receive young men whose physical condition gives hope of improvement and does not demand hospital treatment, giving the preference to members of the Young Men's Christian Association from any part of the country. The charge for a furnished tent and board is twenty-five dollars per month, but deductions are made for whatever work the patient can do on the place. It is expected not only that the farm will yield sufficient supplies for the table, but that there also will be a surplus of fruit and vegetables for the market.

THE July number of *La Lutte Antituberculeuse* is devoted to the proceedings of the Central International Tuberculosis Committee at its meeting held in Paris in May for the purpose of arranging for the congress to take place there in October, 1904.

There was much of general interest even in the business meetings. It was proposed by Professor Pannwitz that steps should be taken towards an exhibition in Saint Louis next year of the international movement against tuberculosis, that, if necessary, a special pavilion should be erected where the work of all the anti-tuberculosis societies of the world might be brought together. The motion was passed and a committee appointed to investigate means for putting the plan into execution.

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M. Casimir-Perier struck the note that is being heard everywhere. The main thesis of his address was found in the following sentences: "The struggle with tuberculosis is intimately bound up with the solution of the most complex economic problems, and no plans will be complete which have not for their basis the material and moral improvement of 'the people.' The struggle with tuberculosis demands the mobilization of all social forces, public and private, official and voluntary."

This idea was reënforced by Professor Brouardel, who, at the end of an able exposition of the measures, both prophylactic and curative, which are called for in this work, announced that in France the project had been conceived of forming a sanitary federation. This federation will include societies against tuberculosis and against alcoholism, societies for improving the housing conditions of the working classes, mutual benefit societies, the whole teaching force, and will, in short, "constitute a union where there will be room for all those who have at heart the public welfare, the health of the people, the physical and moral betterment of their fellow-men."

In review of the work of different countries, Professor von Leyden said that in Germany the chief feature has been the development of sanatoria for the people.

Dr. von Schrötter said that "Unhappily, Austria has taken only half measures against consumption. It has been considered sufficient hitherto to improve hospital service, to add pavilions for consumptives, and to try to isolate them in wards, rather than to create sanatoria." Only one special sanatorium has so far been erected.

Dr. de Lancastre showed that in Portugal no inconsiderable progress has been made along all lines: in the education of the public, in the control of expectoration, in the disinfection of houses, and in the establishment of hospitals and sanatoria for adults and for children.

Dr. Blumenthal, representing Russia, confessed that in his country the struggle against tuberculosis was slow in developing and had so far accomplished little. The reasons he finds in the indifference of the public to questions of hygiene and in the scepticism of the mass of the medical profession in regard to success in a task so immense. Thanks, however, to the initiative of a few devoted physicians, the propaganda has been started in many places and the fight is on.

The most noticeable thing in the various reports was that although the emphasis is placed on different modes of attack in different countries, there is still no difference of opinion as to what constitutes a comprehensive campaign. The tendency is apparent here, as in all social work, to spend an increasing proportion of energy in attacking underlying causes rather than the mere manifestations of the evil.

THE MAINE SANATORIUM.—Plans for the Maine Sanatorium for Consumptives are progressing. Land has recently been purchased, and it is hoped that the construction of cottages may be begun in the spring. The purchase, near Hebron, includes one hundred acres of arable land and four hundred and fifty acres of woodland and pasture. Dr. Estes Nichols, the chief inspector in Northern Maine for the State Board of Health, has recently been appointed managing physician. In regard to the plans for the sanatorium Dr. Nichols writes: "We intend to carry out the prevailing sanatorium open-air treatment. It is to be a State institution, but we expect to receive patients from all the New England States and probably from many others. It is to be a free institution as far as possible, but we may have to charge all patients a small amount at first because we have not the funds that we need to carry out our plans. We also expect to have several cottages where we can care for those who can well afford to pay, but the two departments will be kept entirely separate. We are depending on the donations of charitable persons, and so far we are having good returns."

(To be continued.)

THE ADVISABILITY OF POST-GRADUATE WORK*

By ROSE Z. VAN VORT

Graduate Old Dominion Hospital, Richmond, Va., and of Philadelphia Orthopædic Hospital, in Massage, Swedish Movements, and Electricity

A LITTLE learning is a dangerous thing—yea, a thousand times so when applied to the nursing world. Is there a single one of us who does not remember the day when her first call was received? Need I recall that momentous occasion when, "standing with reluctant feet," we waited at the door to be admitted into the house of our first private call?

Need I recall how, in the still watches of the night, we wished for our professional adviser? How we wished that every household were blessed with an interne? And did we not feel wholly incompetent—feel as though we had had only a preliminary training? And preliminary it was indeed. What great resolutions we made, each one of us, to add to our training by a post-graduate course! But procrastination, that thief of time, cautiously creeping on, has o'ertaken us, and we find ourselves to-day with less ambition and with no more equipment than on that day.

* Paper read at meeting of Virginia State Nurses.

According to the old song,—

“ Could a man be secure
That his days would endure,
As of old, for a thousand long years,
What things might he know,
What deeds might he do,
And all without hurry or care!”

But we, that have but “span-long lives,” must be up and doing.

Never before in the history of nursing has a post course been more necessary. To meet the requirements of the educational standards as devised by the State Boards, training-schools are beginning to wake up and are revolutionizing the nursing world. A six-months' preliminary training for probationers is being added to the nurses' course by our leading schools.

More thorough knowledge is required in anatomy, physiology, hygiene, urinalysis, chemistry, etc., and more subjects are being introduced, in consequence of which we, the old graduates, will in a few years be weighed in the balance and found wanting.

Now that the State Board is an assured thing, this timely subject gives us much food for thought and reflection. Recognizing the necessity, glorious opportunities are gradually unfolding themselves. What greater opportunities could one desire than a general post course at the Presbyterian Hospital in Chicago, with such a magnificent leader as Helena McMillan, B.A.? Which one of you is satisfied with your training in contagious and infectious diseases, with your maternity work as approved by the highest authorities; with your medical work, in which so many new treatments are being advanced and applied; with your surgical work, on which depends so much of the surgeon's success? And your work in the insane and nervous wards—was it satisfactory, and did it meet all requirements as to electricity, massage, Swedish movements, and medical gymnastics, to which neurologists over the entire country have given so much thought in recent years?

Hospitals for children's diseases, in which we are most deficient, offer many inducements, with a value received in the form of a vast amount of experience.

Let us, the graduate nurses of the old Commonwealth of Virginia, not wait to be led on, but let us lead others; let us be the pioneers in this new movement; let us keep up, side by side, with the future graduates, and let us individually be an honor to the community, to the profession, to the State Society of Nurses, to our Alma Mater, and to our Maker. Let us carry within our hearts a banner on which is engraved,—

“ Do thy duty, do thy best,
Leave unto thy God the rest.”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE LOVE-LETTERS OF DOROTHY OSBORNE. Edited by Edward Abbott Parry.

The reappearance, seventeen years after an earlier edition, of "The Love-Letters of Dorothy Osborne" may indicate that some of us have grown tired of fictitious "letters" of the kind that have been pressed upon us of late years, and that there has been a demand for more of the real thing. Certainly we may congratulate the publisher upon this timely reproduction of a charming book unknown to many readers of the present day and most welcome of old friends to those who have already made its acquaintance. Dorothy Osborne, as the title to her portrait informs us, was the daughter of Sir Peter Osborne and the wife of Sir William Temple. The letters are addressed to the last-named gentleman and extend over two years—from 1652 to 1654. The editor in his introduction gives us a brief sketch of the times, calling to our minds the greatness of the history of those days, and much of the interest of the book is owing to the memories it brings of the days of the Long Parliament, of sacrifice and suffering endured by the loyal adherents of the Royalist party; days too of pleasanter things, when Izaak Walton wrote his "Compleat Angler"—days of Waller, Cowley, Jeremy Taylor, and John Milton. By the mere mention of these names does the editor create a sort of golden light by which we read Dorothy's love-letters brimful of interest and sympathy, from the first formal missive beginning "Sir:" and ending "Yr. humble servant," to the last letter in the book, which, indeed, is no love-letter at all, but addressed to her nephew in 1689, and which comes in the appendix.

We leave the book in full agreement with the editor, who bids us find "mirrored darkly in these letters a beauty not of face or form, but what men call the Soul, that made Dorothy to Temple in fact, as she was in name, *the gift of God*." To go back a little, what do we find in these letters? The story of a loyal woman cheerfully living alone with her feeble old father, sitting up at nights with him to see that his attendants cared for him faithfully; parrying the interference of her brother and other meddling friends who would have her settle in life to their satisfaction and wholly averse to her own; fighting horrors of "spleen" and "ague" with infusion of steel and the dirty waters of Epsom wells; taking her recreation of a fine evening—"walking out into a common that lies hard by the house, where many young wenches keep cows and sheep, and sit in the shade and sing ballads," of whom she says, "I talk to them, and find that they want nothing to make them the happiest people in the world but the knowledge that they are so." Or she sits in the garden "by the side of a small river that runs by," thinking until she loses herself in her thoughts, which are all of Temple and of ways of overcoming the "crossness of our fortunes."

A most gentle and lovable young woman, and highly appreciated was her character by all the marriageable young men of her circle. Such a list of suitors

for her hand! It includes Henry Cromwell, son of the Lord Protector, who makes favor for his suit in a gift of a pair of Irish greyhounds—big dogs were, by the way, Dorothy's favorites. She says, "A 'masty' (mastiff) is handsomer to me than the most exact little dog that ever lady played withal." One can't help wishing that the letters included some from Temple. We all know how much the letter received inspires the answer, and it would be a satisfaction to know which side originated the inspiration in this series.

"WEE MACGREGOR" AND "ETHEL." T. T. Bell. Harper & Brothers.

The story of "Wee Macgregor" has been proved a great favorite for holiday reading; and for those who have "the gift of tongues" to interpret the dialect no more innocent entertainment could be planned than following the young hero with his devoted coterie of relatives—"Paw," "Maw," and the elders—as they pursue their way to the shops, the Zoo, Rothesay shore, or the "surees" and "conversonies"—in fact, wherever Macgregor leads. To the uninitiated the dialect is very perplexing, and the author's kind thought for his readers in giving a glossary with the book is most necessary as well as complementary, for without its assistance how should we know our way through some of the engaging advice of Lizzie to her young son?

By the aid of the glossary we learn that the "bass," which really sounds like carved ceilings, is in our ordinary parlance the door-mat. The "gab" a bright person might rightly guess to be the mouth, but who is bright enough to answer when we call "carvies," "chenchjean," or "gundy"? No, no, we could make but a poor fist with the book, wanting that glossary, but even *it* fails in some dark places. It was with some pains that I found one who enlightened me as to the meaning of "*making a shed*" the last touch of preparation for Aunt Purdie's tea-party. To those who share my mystification 'tis confided that his mother parted the lad's hair.

The later book by the same author—"Ethel"—advertises itself to be perfectly free from dialect. It appears, however, that there may be two opinions as to the truth of this reassuring statement. What does Mr. Chubb mean by saying that he hasn't "a bite to the sole of his back"? or Mr. Hugh that he has been way-laid" into buying tickets? At least it is a curious way of using English. Miss Ethel is so charming that she may say what she likes. Her tenpence ha'penny ties may look "two shillingy," she may insist that she knows a breed of domestic fowls by the name of Corkings, and when she commands us to pass over the wee growl we too, like Mr. Hugh, would instantly place in her hand the trowel.



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



CHAFING IN INFANTS.—The Philadelphia *Medical Journal*, which has recently been incorporated with the New York *Medical Journal*, quoting from a foreign exchange, says: "Ostrovski employed tannoform as a local application in fifty cases of intertrigo in infants. The application was made either in the form of a powder with equal parts of starch or a ten per cent. vaseline ointment. The application was preceded by a wash with a two per cent. solution of boric acid. The results obtained in all cases were exceptionally good, and the author feels justified in recommending this drug very highly."

TENT LIFE FOR CONSUMPTIVES.—Dr. J. Edward Stubbert in an article on this subject in the *Medical Record* strongly advocates sleeping in the open air for the relief and cure of consumption. Patients who are obliged to remain in cities, he says, should sleep on the roofs of their houses when this is practicable, or at least in the open air. Some slight protection is necessary only in case of rain. Heavy dew is not objectionable.

He advises tent life wherever possible. Rugs may be admitted if they are exposed to sun and air every day, but draperies should be avoided. The tent should be pitched on the edge of a wood for protection from wind and shade from heat, but not in the wood, to permit the free circulation of air. A substantial tent may be occupied with benefit in winter even in a cold climate. A warm place to dress in is desirable. Two tent colonies are to be established at Liberty, N. Y. In one the cost will not exceed ten dollars a week.

INUNCTION WITH COD-LIVER OIL.—E. J. Kemp reports in the *Medical Standard* a case of a girl suffering from spontaneous dislocation of both knees who was pale, emaciated, weak, and loose-jointed, with a slight hacking cough and exaggerated respiratory murmur over both lungs. The family history was tuberculous. After six-months' treatment with general massage and inunction with cod-liver and olive-oil the patient recovered perfectly. Another case of acute tuberculosis recovered under the same treatment, as did a third, a girl suffering from hystero-epileptic attacks following several bites by a dog.

IGNITION OF ETHER VAPOR.—D. H. Murray reports in the New York *Medical Journal* the ignition of ether during an operation when the electric light was turned on to permit the person who was giving the ether to see the patient's eyes more clearly. Fortunately, no one was seriously burned. He advises care in using electric light, particularly in a small room where the ether vapor is dense.

IGNITION VACUUM BOTTLE.—Dr. Karl Connell, house physician at the New York Hospital, describes in the *Medical Record* a very simple apparatus for aspi-

rating. An ordinary five-pint bottle of about one-inch mouth is chosen and fitted with a perforated rubber stopper, to which is attached two or three feet of firm rubber tubing clamped by a hæmostatic forceps or other device. Three drams of ninety-five per cent. alcohol is poured into the bottle, which is then turned until the entire inside is coated; the excess of alcohol is then poured off. The bottle is placed upright and a lighted match applied before the alcohol has time to dry or settle. A sheet of flame descends into the bottle, and as it touches the bottom the bottle is quickly corked. This will aspirate sixty to sixty-eight ounces. The temperature of the bottle when the alcohol is poured in should be from 60° to 110°. Below 60° the alcohol will not ignite; above 110° it takes place so rapidly as possibly to be dangerous if the bottle is weak or has a narrow neck. With fifty per cent. alcohol or whiskey the temperature must be at least 85° F. or it will not ignite. The same bottle has been used over a thousand times by the inventor without accident. The apparatus can be obtained at any village drug store for fifty cents, exclusive of the clamp.

TREATMENT OF WHOOPING-COUGH.—In an article in the *Archives of Pediatrics* Sobel describes his experience with Naegli's method of overcoming the distressing paroxysms of whooping-cough.

The lower jaw is pulled downward and forward.

In cases without a whoop the expiratory spasm with its asphyxia is generally overcome, and in those with a whoop it is prevented. The oncoming attacks, especially at night, may be arrested. The manipulation is easy, painless, and harmless, without any of the ill-effects of drugs. Patients treated in this manner are less likely to suffer from complications and sequelæ than those treated only medicinally; they are in far better condition, less exhausted and emaciated, because vomiting has been controlled. It may be tried in other spasmodic coughs and laryngeal spasms.

STERILIZING CATHETERS BY BOILING.—In the *Journal of the Michigan State Medical Association* C. B. Nancrede and W. B. Hutchings decide from experiments that catheters can be sterilized by boiling if all air is expelled from the interior. The soft French catheter should not be so treated. Other catheters should first be well washed in warm soapsuds and then boiled for ten minutes.

RADIUM RAYS FOR CANCER.—The *Medical Record* publishes the following account of the relief of cancer by means of the rays from the new metal, radium: "At a recent meeting of the Medical Section of the Royal Imperial Academy of Science in Vienna a paper was read giving the details of cure of a case of cancer of the hard palate and pharynx by means of radium rays. The patient, who was treated at the university clinic of the late Professor Gussenbauer, was a man sixty-one years of age. He had long suffered from cancer of the palate and lip, and had repeatedly been operated upon, but without success, the disease returning, and each time demanding a more extensive operation for its removal. Finally, in the autumn of 1902, the surgeons of the Allgemeines Krankenhaus declared it was absolutely useless to operate again. One physician determined as a last resort to try radium rays, and treated the afflicted parts by exposing them to the light of radium bromide, the strongest radium preparation in existence. (Another journal states that only one-sixth of a grain of the salt was used.) He was rewarded by a gradual and complete disappearance of the growth,

which has not returned, now some eight months after the beginning of treatment. At the same meeting a case of melanosarcoma cured by radium rays was reported."

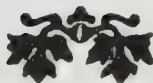
TREATMENT OF BALDNESS.—Albert Bernheim in *American Medicine* propounds a theory that baldness is infectious and contagious, and thinks that it can be prevented. He believes that it can be cured in a large number of persons under fifty and advises that a cure be tried even over that age. The exclusion of light and air from the hair has much to do with the affection. The three requisites in the treatment are time, patience, and tar soap. The soap is made of forty parts beechwood tar to sixty parts of soap mixture. With this the scalp should be shampooed every day for eight weeks at least, then every other or every third day for another four to eight weeks. It must be done thoroughly and the hair patted, not rubbed, dry. The scalp should then be rubbed with a wash consisting of mercuric chloride 1 to 300, glycerine and cologne spirits each 100. Soft woollen cloth to be used for the rubbing. Then the skin is rubbed dry for another five minutes with a solution of beta naphthol 1 and absolute alcohol 200. After this the following prescription is freely used: Salicylic acid, 2; tincture benzoin, 3; neatsfoot oil, 100.

PAINFUL FEET IN NURSES.—The New York *Medical Journal* quotes the following from *American Medicine*: "Lovett, from the study of a series of five hundred observations upon both normal and disabled feet, draws the following conclusions: (1) It has not been possible to tell with any certainty by examination whether or not the feet of an individual are likely to give trouble. A foot with a well-distributed pressure area is rather less likely to give trouble than one resting on two islands. The degree of pronation, the condition of the circulation, the relative weight of the nurse, and the dorsal flexibility of the foot were all data of no value to the author in his attempt to make a prognosis. A flat foot may be perfectly serviceable, as may also a severely pronated one, while an apparently well-balanced one may become painful. (2) The factors that caused the nurses' trouble with their feet had their origin more in the nurses' general condition than in the shape of their feet. (3) The trouble was caused by a rolling in of the foot and a shifting inward of its weight-bearing areas, and not, in any case observed, by the breaking down or even lowering of the arch. (4) Although proof by figures is lacking, it is probable that the amount of trouble has been decidedly less than it would have been without a proper boot."

FEEDING OF OLDER INFANTS.—W. M. Hartshorn in the *Medical Record* records a departure in infant feeding at the Nursery and Child's Hospital, New York, which will be of interest to nurses. All infants over seven months old were given stronger food than plain milk, especially stale bread soaked in boiling water until thoroughly softened, the water poured off and a cup of milk added, and the mixture boiled for three or four minutes, cooled, sweetened, and fed to the baby. At first one teaspoonful was given once a day, and the amount gradually increased until in ten days one to three ounces daily were given. It was fed between the bottle hours and never more than half an ounce at a time. If curds appeared in the stools or it disagreed in any way it was discontinued and castor-oil or calomel given. This is a return to the pap of earlier times. Children from eighteen months to four years had plain bread and milk once a day. For breakfast farina

and milk, for dinner boiled rice with meat-broth over it, for supper bread and milk, the older children bread spread with plain jelly. During the fruit season these have an orange at noon. Since giving the extra food to the infants and younger children there has been a marked increase in their weight.

VEGETARIAN DIET IN GYNÆCOLOGY.—The *Journal of the American Medical Association* makes the following abstract of an article in one of its German exchanges: "Theilhaber attributes many of the ills that female flesh is heir to, especially in the well-to-do classes, to overeating. He recommends a varied vegetarian diet, that is, excluding all parts of the dead animal, but allowing milk, eggs, etc., as products of the living animal. His experience includes three hundred cases, but only two hundred carried out his instructions for six months, at least, as directed. He has found this diet very valuable in various nervous affections, in the troubles of the menopause, in nervous insomnia, pruritus vulvæ and general pruritus, hemorrhoids, etc., and in one case of protracted galactorrhœa, and thinks it would be advantageous in pregnancy nephritis or neuroses, but has had little opportunity to test the latter. In case of constipation or flatulence the gas-producing substances must be excluded, but a careful selection will render the vegetarian diet very useful under these circumstances. Obese patients lost flesh, but others did not, as a rule, and none exhibited any loss of strength. He refers to the endurance of the Japanese, who eat little meat, as also the Trappist monks. He thinks that time will yet show that many obstinate nervous affections may be cured by abstention from meat."



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

CAMBRIDGE, MASS.—A new association for the alleviation of tuberculosis and the education of the community hopes soon to commence active work in Cambridge, Mass. The constitution says: "This association shall be called the Tuberculosis Aid and Education Association," the object being "to cure at home, if possible, persons suffering with tuberculosis; to relieve with food, as far as possible, all needy tuberculous persons; to educate the entire community in the care and prevention of this disease; to promote the establishment of hospitals for hopeless cases."

PITTSBURG, PA.—Nearly all of the metal-working plants in Pittsburg, Pa., and vicinity are admirably equipped with a hospital annex for cases that require prompt attention. The distance of hospitals from some of the works renders it possible for an injured man to expire from exhaustion before he is admitted to the institution. To obviate this the owners have fitted up a room or building where injured and sick employes can be treated at once.

MONCTON HOSPITAL, NEW BRUNSWICK, CANADA.—Mr. F. W. Sumner, Moncton, will contribute five hundred dollars to the new hospital fund. An appeal is made that the institution should be out of debt when opened.

BRIDGEPORT, CONN.—A new hospital for the Sisters of Charity of St. Vincent de Paul is to be built at a cost of two hundred thousand dollars. The plans have been completed and some of the contracts let.

DALLAS, TEX.—A Pasteur Institute is to be established in connection with the State Insane Asylum of Texas for the treatment of those bitten by animals with rabies.

BINGHAMTON, N. Y.—A number of prominent medical men are earnest advocates of the establishment of a hospital near this city for the treatment of tuberculosis.

MALDEN, MASS.—The new wing is nearly completed at the Malden, Mass., Hospital. It will contain eight private rooms, a diet kitchen, and two sun parlors.

SAN ANTONIO, TEX.—At the office of Post Quartermaster at Fort Bliss sealed proposals will be received for the construction of a twelve-bed brick hospital.

ATHENS, GA.—The Chamber of Commerce has appointed a committee to look into the matter of an Emergency Hospital, which seems an important need.

ROCKAWAY BEACH, L. I.—Residents and business men are urging the Charities Department to provide an Emergency Hospital at this place.

BOSTON, MASS.—The city officials, it is hoped, will soon be able to decide on a site in West Roxbury for the new hospital for consumptives.

RIVERSIDE, CAL.—The Fullerton Hospital is now complete, and has been turned over to the Board of Directors.

WHITEFIELD, N. H.—Dr. G. H. Morrison has fitted up a room at his hospital for treatment of cancers by X-rays.

SCRANTON, PA.—The Consumptives' Hospital on West Mountain will accommodate fifteen patients.

PEABODY, Mass., thinks it needs a local hospital, and needs it badly.

WATERBURY, CONN., puts in a plea for an Emergency Hospital.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

PHILADELPHIA, PA.—Four little girls ranging from four to eight years of age gave a successful porch party at 2004-6 East York Street for the benefit of the Samaritan and St. Luke's Hospitals. The Tioga Baptist Church held a bazaar in aid of the Samaritan Hospital.

BOSTON, MASS.—The Hollis Street and New Globe Theatres are both owned by the Brigham estate, and the rentals of these properties will ultimately be spent for the relief of patients who will be treated in the Brigham Hospital, plans for which are now under way.

ATLANTIC CITY, N. J.—The summer guests at Haddon Hall, according to their annual custom, gave a package party for the benefit of the Atlantic City Hospital. The packages when auctioned off netted a tidy sum.

MONTCLAIR, N. J.—The Mountainside Hospital building fund has been increased by a gift of eight thousand five hundred dollars from the estate of the late William E. Cooper, formerly of Upper Montclair.

HARVARD UNIVERSITY has purchased thirty-five thousand square feet of land to add to that already owned by the Stillman Infirmary. It was bought from the trustees of the Cambridge Hospital.

CHESTER, PA.—The Board of Managers of the Chester Hospital has accepted the offer of Dr. William B. Ulrich to provide an automobile which will be chanced off for the benefit of the hospital.

MEYER FLEISCHER, of Philadelphia, presented the Eastern Maine General Hospital with a check for five hundred dollars to be applied to the proposed Children's Ward Fund.

CAMDEN, N. J.—The summer residents at Wildwood-by-the-Sea gave a hop at one of the leading hotels for the benefit of the West Jersey Homœopathic Hospital.

PROVIDENCE, R. I.—By the will of Charles C. Hoskins twelve hundred dollars, to endow three free beds, was left to Rhode Island Hospital, Providence, R. I.

WASHINGTON, D. C.—The Arcanum Hospital Fund will be added to by the proceeds of a base-ball game between the National and District Councils.

MIDDLETOWN, N. Y.—The Society Victor Emmanuel III. held a picnic and parade with fireworks in the evening for the benefit of Thrall Hospital.

WINSTED, CONN.—The Gentleman's Driving Club will give matinees in the Driving Park for the benefit of the hospital.

FREDERICK, MD.—A lawn fête on Mrs. Ida Markey's lawn at Braddock netted a nice little sum for the City Hospital.

NEW BRITAIN, CONN.—The New Britain Turner Society gave a benefit for the hospital.

TRAINING-SCHOOL NOTES

THE corner-stone of a nurses' residence in connection with the Kingston General Hospital was laid with elaborate ceremonies on August 11. The building is to be in the form of a Maltese cross and will cost ten thousand dollars. The inception of this is due to the Alumnæ Association of the Training-School for Nurses, who for many years past have been steadily collecting money for this much-needed improvement. Much credit is due this alumnæ. After the exercises a garden party was held in the hospital grounds. Records of the hospital and Training-School were deposited in the corner-stone by Miss Flaws, superintendent of nurses; copies of daily papers and journals by Miss Amy Wartman, president of the Alumnæ Association; a bag containing coins by Miss Gertrude Strange, president of The King's Daughters.

AS WE go to press the news comes from Canada of the resignation of Miss Charlotte Macleod after five years of unremitting toil as chief lady superintendent of the Victorian Order of Nurses. Miss Macleod is a native of New Brunswick, Canada, and a graduate of the Waltham (Mass.) School. She, with Lady Aberdeen, organized the Victorian Order of Nurses.

THE Memorial Hospital of Richmond, Va., has established a post-graduate course of six months, which includes a very full course in dietetics, or the latter course can be taken separately if so desired. Miss Agnes S. Brennan, for so many years in charge of the Training-School at Bellevue, is now the superintendent of the Memorial Hospital.

THE members of the medical staff of Emergency Hospital, Carbondale, Pa., presented a beautiful solid silver engraved tea service of six pieces to Miss Florence Wright, the retiring superintendent of the hospital, who leaves for her home in Mount Forest, Canada. Dr. A. F. Gillis made the presentation speech, to which Miss Wright happily responded.

MRS. M. L. CLEAVES, who was married in Washington to Mr. Staples, in the government service, has for several years been the efficient head nurse at the Newport Hospital. She is a graduate of that institution, and upon graduating was selected for the position, which she has held acceptably.

THE Park Hospital management at Glens Falls has decided to organize a Training-School under the supervision of Miss Ida R. Palmer. Miss Palmer is a graduate of the Newport Hospital, R. I., and of the course in "Hospital Economics" at Teachers College, N. Y.

MRS. LAURA M. WEISS, a sister of Mrs. C. A. Ellis, has been engaged as superintendent of the new Willse Hospital at Westfield, N. Y. Mrs. Weiss has had large experience in the work and will be a valuable aid to the institution.

MISS A. M. CARDAN, a graduate of Taunton Insane Hospital Training-School and of the Brockton Hospital Training-School, has been appointed superintendent of nurses at Medfield Insane Asylum, Medfield, Mass.

MISS ELIZABETH H. STEELE, Michael Reese, Class of 1897, has accepted the position as superintendent of nurses at the Lane Hospital, San Francisco. Miss Steele commenced her duties September 10.

MISS JESSIE E. CATTON, assistant superintendent of nurses at the South Department of the Boston City Hospital, goes to Springfield, Mass., as the superintendent of nurses at the hospital there.

THE nurses at the Newport Hospital have had a handsome home built for them in the hospital grounds at a cost of ten thousand dollars, the gift of one of the permanent cottagers.

MISS ADA M. STEWART, a graduate of the Boston Insane Hospital Training-School for Nurses, has been appointed night head nurse of that institution.

THE Northwest Missouri Hospital and Orphanage Association contemplate erecting a hospital, orphanage, and training-school for colored nurses.

MISS IDA WASHBURN, assistant superintendent of nurses at the Boston City Hospital, takes charge of the Relief Station at Haymarket Square.

AN addition to the Nurses' Home is to be made at the Buffalo General Hospital. When completed the home will accommodate eighty nurses.

PERSONAL

ON July 1 Miss Lucetta J. Gross resigned the position which she has held for nearly six years as superintendent of the Grace Hospital Training-School, Detroit, and on October 1 returns to the Buffalo General Hospital to take charge of the Training-School of that institution, a position which she held for a time soon after her graduation from the City Hospital, Boston. The Buffalo General Hospital has been undergoing many improvements during the past few years. A new Nurses' Home is now being built, and we understand that a very thorough reorganization of the Training-School is being contemplated by the management under Miss Gross's able supervision.

MISS ANNIE ROBINSON, lady superintendent of the General Hospital, Galt, Ont., has been given a three-months' leave of absence owing to ill-health. It is worthy of note that the ladies' committee in connection with this hospital have purchased a horse and carriage for the use of the lady superintendent and her nurses. Miss Snively in commenting on this says: "I am sure there are many ladies who only need this hint in order to act on it, and I certainly trust that ere long there may be many schools who can boast of possessing a similar conveyance, or, possibly, an automobile."

MISS EUGENIA D. AYERS, a graduate of the Rhode Island Hospital Training-School, Providence, R. I., has been appointed to succeed Miss Rachel A. Metcalfe at the Worcester City Hospital. Miss Ayers has held several positions in various training-schools and comes directly from the Central Main General Hospital, Lewiston, Me. Her duties will probably begin October 1.

MISS RACHEL A. METCALFE, superintendent of the Training-School for Nurses at the Worcester City Hospital, Worcester, Mass., has resigned to take a much-needed vacation from institution work. Miss Metcalfe is a graduate of that Training-School and has held her position since 1892.

THE following Toronto graduates have been abroad this season: Misses Carrie Bowman, Hannah Hollingworth, Annie Hollingworth, Florence Davis, Annie I. Brown, Margaret McLaren, Mary Hyde, Helen Jones, and Mrs. Bell, née Sneath.

MISS BEATRICE S. MONTEITH, superintendent of the Brooklyn Hospital Training-School for Nurses, Brooklyn, N. Y., and Miss Clara G. Clark, night superintendent of the same school, have resigned from their respective positions.

MISS FLORENCE E. MONELE (Newark City, Class of 1901) has given up her position as head nurse at the Park Hospital, Glens Falls, N. Y., to accept a similar position at the Brooklyn Eastern District Hospital and Dispensary.

MISS ESTHER DART, superintendent of the Stillman Infirmary of Harvard College, has taken a long vacation during the summer, her place being filled by Miss Jessie Watson, of the Toronto General, Class of 1896.

MISS IDA ANDERSON and Miss Ada Gould have returned from the Yukon, where they have been for a year, and Miss Mabel Moodie left in August to take a position in the Samaritan Hospital.

MISS KATE ALBION, who has been obliged to give up her position as head nurse at the Home for Incurables on account of ill-health, has been succeeded by Mrs. Ada Findley.

MISS JEAN WILSON, Toronto General Hospital, has gone to reside in Cambridge, Mass., where she will keep house for her brother, who is a professor at Harvard.

MISS HARRIET THOMPSON, Toronto General Hospital, has arrived from Neemutch, Central India, and will remain in Ontario for a rest while she is on furlough.

MISS CARSCALLEN, graduate of the Class of 1902, Kingston Hospital, Canada, has been appointed head nurse of the private wards in Lakeside Hospital, Cleveland.

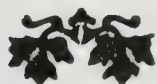
MISS MARY MOORE McVEAN, a graduate of St. Luke's Hospital, New York, has recently received the appointment of tenement-house inspector in New York City.

MISS ANNIE DICK has been obliged to resign her position at Rainbow Cottage, South Euclid, O., on account of ill-health.

MISS MABEL STOCK has resigned as lady superintendent of the General Hospital, Parry Sound, and is now at home.

MISS MAUD BRODY has resigned her position in New Richmond and is now a private nurse in Halifax.

MISS NELLIE MILLER has been in charge of the General Hospital, Brockville, for some months.



THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



WHAT TO DO WITH THE MARGIN

MANY kind and well-intentioned people seem to consider it necessary to approach nurses in one of two ways: they either exhort them to do their work from a high motive and be actuated by a strong sense of duty, or else they pity them most profusely and seem to feel that these unfortunates must at all costs be amused.

We all know that a sense of duty will do much to carry one on to the achievement of a hard task, and we also know that amusement and pleasure brighten and refresh us after the task is over.

Human nature is about the same the world over, and no one has a greater chance to study the ins and outs of character than those who see people in undress, both figuratively and literally.

Many a tried soul who has had sad experience of the extremity to which a sufferer has been reduced by illness and pain before the final release has perused the panegyric published by way of obituary notice with very mixed feelings and perhaps a desire to do a little truth-telling.

It is the continual contact with the seamy side of life that often makes doctors and nurses such cynics as many of them unfortunately are. The experience of a hospital career is a very trying one in many ways, but perhaps the hardest part of it is the ruthless stripping away of so many of our illusions.

To see life and death as we do see them is a great tax on the charity and the faith of many; the trail of the serpent is so clearly over it all that our views of existence are apt to be coarsened and tainted at the very start.

When we go out into private nursing things mend somewhat, perhaps, but it is a life of very violent contrasts; we see much that is unlovely, much that saddens and wearies us, and the edge of our sensibilities is still more blunted. When one has a case which has aroused her sympathy and affection and to which she has given more than money can pay for, it is a little hard to reflect that her life has touched that of others only at this one point, and only for a brief time; she feels her position to be somewhat anomalous, and sometimes has the bitter feeling of a child viewing a party from over the fence. It is all delightful, but it is not hers, except as she may be a spectator at the feast. To the unsympathetic it is all business, all in the day's work, and she hardens her heart and counts her money.

For a nurse to last well and to have compensations other than those of salary she must cultivate both philosophy and charity, and, more than that, she must have resources not only in the outside world, but also within that world which is only known to its possessor—*i.e.*, within herself.

After all, it is not so much what we do or where we go, but what we *are* which determines our happiness or misery.

How often have we realized that though we take the wings of the morning we cannot get away from the ever-present ego which is sometimes such a burden to us.

Were I to say what I think makes life most agreeable and lightens the everyday grayness of the horizon, I should unhesitatingly declare that we need to cultivate versatility.

When we get out of ourselves we find a thousand things that are more pleasant and profitable to think about. We see the sad results of morbidness in others, and we know that change of thought will do much for everyone. The tendency of nurses who live in the same house or visit one another to talk shop is absolutely deplorable, though no more so than the same tendency among school-teachers and others of a like profession. Life becomes a perfect treadmill when we not only do the same thing all the time, but talk about it in intervals of relaxation.

With our powers of observation, which we gain in a hard school, we should be keenly alive to every form of beauty.

You may say that you are too tired to do anything but rest between cases, but what is rest?

We all know how a few days of change of scene will rest us more than if we stayed in one place and thought how tired we were. Amusements which tax our strength may not always be judicious, but surely the open air, a pleasant book, a friend's society, are all refreshing if we would only think so. So many societies are formed for the improvement of nurses, the bettering of their professional status, etc., that in following out these worthy objects we are apt to forget our need as individuals.

In this strange, varied, yet ever interesting world of ours there are many things to help us all, many treasure-houses which may be unlocked if we will only find the key, and nothing so repays trouble as a little laying up in the vast receptacle of the human mind.

There are so many things to do and, above all, so many things to think about that we seem hardly able to make a beginning.

Surely it has often struck most of us as sad that those who live in the midst of the greatest beauty are often most impervious to its influence.

While visiting some of the lovely spots which abound in our fortunate country, one has been shocked by the callousness of the inhabitants, who seem to think "gush" the prerogative of the summer visitor. Thus it is in life. The struggle for existence is so hot that we settle down in our own little niche and never get out of it. Our youthful enthusiasms die, our cherished castles crumble, and we get into the sad habit of being what we are pleased to call *sensible*. Nothing less sensible than narrowing instead of broadening our lives can be conceived, and experience is meant to open fresh paths instead of shutting old ones. We cannot close our eyes to the sad facts of life, so let us be careful that we keep them open for all the goodness and beauty that come in our way.

Cultivation of the faculties and talents given us, living upon the highest point we can reach, and appreciation of all that may enliven and assist our climbing, sympathy and charity for our fellow-creatures, and trust that all the problems which puzzle and sadden us here will be smoothed out in the world towards which our longings tend—all this seems Utopian, perhaps, yet we know

that aspiration can only raise us, and the noblest lives are often the most commonplace to the casual observer.

THE BOSTON BRANCH held its Festival meeting at Emmanuel Church on the eve of St. Barnabas Day, and additional interest was given to the occasion by the presence of many visiting nurses, who were in the city to attend the convention of the alumnae. It was a great pleasure to us to welcome so many old friends and so many new ones at the same time. The church service was conducted by the chaplain and the sermon was preached by the Rev. F. C. Powell, S.S.J.E., who has been for some years a priest-associate of the English Guild of St. Barnabas and was chaplain of the branch in South Africa during his mission work there. The lesson given to us was that nurses, to be really happy in their work, must learn to look for the deeper spiritual joy which comes from doing our work as it should be done. We all know it has its trials, and they frequently make us think that all is dark and dreary along the paths, not only of invalids themselves, but of those who try to relieve pain and illness. That there is a joy in self-sacrifice is evident to all who have learned to make the sacrifice with any degree of willingness—a grudging service is anything but acceptable. A nurse's work must be done on a high plane and from noble motives if it is to be a blessing either to herself or others, and I am sure we looked upon our path in life as capable of being trodden near the mountain tops when we heard Father Powell's account of some of the heroic devotion he had known of nurses in South Africa. It is these noble deeds of hidden lives that wake us from a humdrum way of regarding existence as a very tame affair, and persuade us of the truth in the words of John Keble:

"The trivial round, the common task,
Will furnish all we need to ask,
Room to deny ourselves, a road
To bring us daily nearer God."

At our social gathering good-fellowship abounded and nurses from all sections or the country greeted one another with pleasure. As the JOURNAL goes to press before our September meeting is held we have no news to contribute, but trust our members will bring back from their summer rest and travel a store of strength and courage for the winter's work.

It is now some time since we have mentioned the progress of the Sick Relief Association of the Boston Branch of the guild. It has gone on steadily during its many years of usefulness, and no year has passed since it was established in 1891 in which at least one benefit has not been paid. It has very decidedly proved its *raison d'être* as far as our own branch is concerned. During the past year much thought has been given as to how we might extend its usefulness, therefore, as several of the smaller branches find it unwise to begin an association of this sort, it was unanimously decided at the annual meeting in June to alter our constitution so that any member of the guild at large in good standing in her own branch might join this Relief Association. It was further voted to change the name from Sick Relief to Massachusetts Relief Association. The secretary, Miss A. O. Tippet, 6 McLean Street, Boston, will gladly furnish any information concerning it to those interested.

While so many projects for nurses' pensions, retiring funds, etc., are agitating and being agitated in our midst, it would seem wise to cast a considering eye on this department of the guild work.

We so often hear it said that only in union can there be strength that the remark has become a trite one, yet the beauty of organization can only be realized by considering a common bond and following a common interest. Quoting from the last report of the Sick Relief Association (as its name then stood) of the Boston Branch, we learn that: "Among the questions discussed have been: an endowed bed for nurses in some hospital; a home for aged and invalid nurses; the amount of the benefit to be paid in case of death, which, as it now stands, some consider inadequate; the disposal of the funds of the association. . . ."

Now these are all questions which vitally concern the guild at large, and in the fuller future which the broader organization of our association seems to promise, why should they not be discussed by all those interested in the matter? It would seem very much more worth while to have a central Sick Relief Association or incorporated body than to have several more or less widely separated and necessarily circumscribed bodies. With more members and consequently larger funds, the undertaking would be much better as a business investment, certainly, and would thus prove a greater bond of union among the branches.

Nurses do well to provide for the future, yet how many of us know that we are seldom ready for the emergency which often comes so swiftly and with so little warning.

We hope this matter will be fully discussed at our approaching council.

NEWPORT BRANCH.—At the May meeting of the Guild of St. Barnabas in Newport the chaplain, Rev. Henry M. Stone, resigned his office on account of ill-health, and Rev. Gilbert W. Laidlaw was nominated by the guild. The annual meeting was held in June at Kay Chapel of Trinity Church, the business meeting being directly after the service in the Parish-House. Announcement was made of the confirmation by the chaplain-general of Rev. Mr. Laidlaw's nomination as chaplain. Miss Elizabeth B. Smith was reëlected secretary and treasurer, and an Entertainment Committee and delegates and alternates to the next general council were chosen. In July the meeting was held at St. George's Church, and after the service the guild adjourned to the home of Miss Mary Hazard, where all enjoyed refreshments and a social hour. The membership of the guild in Newport is steadily growing; several nurses have been initiated at each of the past few meetings. By the kindness of Mrs. Hamilton F. Webster the members of the guild will have an opportunity to meet the chaplain-general on the fourth of September, when the guild service will be held in St. John's Church, and the chaplain-general will address the members.



PRACTICAL HINTS



HEAT BY ELECTRICITY—THE MECHANISM AND OPERATION OF AN ELECTRIC HEATING-PAD.—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor cord is supplied with a plug for connecting, through the lamp-socket, with either a direct or an alternating circuit and with a switch, which is within easy reach of the patient. By means of this switch a patient can easily regulate the current, which can maintain, in the lamb's wool covering, a maximum temperature of 180.

The infinite advantage of these electrical heating-pads over more crude devices for applying heat in such cases as pleurisy, neuralgia, and neurasthenia is evident. One has a soft, light, flexible pad less than three-fourths of an inch thick, which can easily be applied to the site of pain and maintained there indefinitely with little or no inconvenience or disturbance to the patient.

The New York Hospital was one of the first to adapt its electric plant to this use, but this mode of applying heat is now found widely established in hospitals and sanatoria.

J. C., Class of 1903, New York Hospital.

SULPHATE OF MAGNESIA IN VICHY.—Many sick people find sulphate of magnesia (Epsom salts) exceedingly nauseating when given in plain solution. A simple way of disguising the taste, devised by a nurse during a prolonged illness, is to add to the saturated solution of the magnesia a good, long drink of cold Vichy, and if taken while still sparkling the patient will not suspect that she is being given a dose.



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE TENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THIS meeting will be held at Pittsburg, Pa., on October 7, 8, and 9, at the Hotel Schenley, St. Pierre Street. The first session will open on Wednesday, October 7, at ten A.M.

The following hotels are recommended to members: Hotel Schenley, St. Pierre Street; Hotel Henry, Fifth Avenue; the Monongahela House, Smithfield and Water Streets. Rates from one dollar and a half to three dollars per day.

PROGRAMME.

Wednesday, October 7, 10 A.M.

Call to order.

Prayer by the Right Reverend Bishop Whitehead, United States chaplain-general St. Barnabas Guild.

Address of welcome by the Rev. Maitland Alexander.

Address of welcome by Dr. J. H. McClelland.

Responses.

Report of council.

Report of treasurer.

Report of committees.

Recess for registration of members.

Address of the president.

2.30 P.M.

PAPERS.

“Can the Study of Current Events be Made a Means of Recreation for Pupil Nurses?” Miss Jennie Cottle, Minnequa Hospital, Pueblo, Col.; Miss Alice Griswold, New York; Miss Jane Delano, Bellevue Hospital, New York.

“The Power and Responsibility of this Society in Public Action,” Miss L. L. Dock, New York.

Thursday, October 8, 10 A.M.

Report of council.

Election of new members.

Report of auditors.

Unfinished business.

New business.

PAPERS.

"Some Common Points of Weakness in Hospital Construction," Miss Anna Goodrich, New York Hospital.

2.30 P.M.

Demonstration to be held in the Amphitheatre of Western Pennsylvania Hospital of methods and appliances in use in the Presbyterian Hospital, New York; the New York Hospital, New York; the Lying-In Hospital, New York; the Boston City Hospital, Boston; the Johns Hopkins Hospital, Baltimore.

Friday, October 9, 10 A.M.

Report of council.

Unfinished business.

Report of Nominating Committee.

Election of officers.

PAPERS.

"The Teaching of Hygiene in Training-Schools in Theory and in Practice," Miss Isabel McIsaac, Illinois Training-School, Chicago, Ill.

"Modern Hospital Construction," Frank Miles Day, Esq., Philadelphia, Pa.

Recess for ten minutes.

Memorial notices.

Announcement of time and place of next meeting.

Introduction of president-elect.

Adjournment at one or one-thirty P.M.

A meeting of the Council of the American Society of Superintendents of Training-Schools for Nurses will be held at the Homœopathic Hospital, Pittsburg, Pa., on Tuesday evening, October 6, at eight-thirty P.M.

M. A. NUTTING, Acting Secretary.

STUDENTS FOR ECONOMICS COURSE

THE following applicants have been admitted as students in the Class in Hospital Economics at Teachers College, Columbia University, New York. This is by far the largest class that has heretofore been registered, and it is hoped that they will enjoy their work there:

Miss Emma I. Jewell, graduate of Massachusetts General Hospital, recently superintendent of Montreal Maternity Hospital.

Miss Mary H. Paterson, graduate of Rhode Island Hospital, recently superintendent of Beverly Hospital, Mass.

Miss Anna M. Coleman, graduate of Toronto General Hospital, recently superintendent of Saginaw General Hospital.

Miss E. A. Lampman, graduate of Brooklyn Homœopathic Hospital, recently superintendent of Syracuse Homœopathic Hospital.

Miss Flora M. Shaw, graduate of Montreal General Hospital, recently assistant superintendent of nurses, Montreal Hospital.

Miss Grace E. Baker, graduate of Illinois Training-School, recently superintendent of Finley Hospital, Dubuque, Ia.

Miss Helen W. Kelly, graduate of Illinois Training-School, recently superintendent of Illinois Hospital, Chicago, Ill.

Miss Mary C. Wheeler, graduate of Illinois Training-School, recently superintendent of Blessing Hospital, Quincy, Ill.

Miss Minnie H. Ahrens, graduate of Illinois Training-School, private nursing.

Miss Effie A. Douglass, graduate of Buffalo Homœopathic Hospital, recently superintendent of nurses, Cornell Infirmary.

Miss C. McLennan, graduate of St. Luke's, Chicago, recently superintendent of Danville Training-School, Danville, Ill.

Miss Susan J. Parish, graduate of South Bethlehem Hospital, recently superintendent of University of Iowa Hospital.

Miss Marie Stotz, graduate of Finley Hospital, Dubuque, Ia., private nursing.

Miss Lucy G. Van Horne, graduate of Waltham Training-School, recently superintendent of Berea College Hospital and Training-School.

Miss Helen Balcom, graduate of St. Luke's, Chicago, recently superintendent of University of Michigan Hospital and private nursing.

Miss Winona Peterson, graduate of Missouri Baptist Hospital, St. Louis, and Augustana Hospital, Chicago, recently superintendent of the Wichita Hospital, Kan.

Donations for the month, Miss Clara Cahoon, one dollar.

MAUD BANFIELD, Chairman.

EXCURSION TO BERLIN IN 1904

NURSES wishing to join the party going to Berlin in 1904 will kindly send their names to Miss Thornton as soon as possible in order that estimates may be made. Any suggestions will be gladly received.

The plans thus far embrace a period of two months, and visits to London, Paris, Berlin, and as many other places as can be managed comfortably. The time is placed at two months, as that is about as lengthy a vacation as the average nurse feels she can take, but anyone wishing to prolong her time may arrange to do so.

Such suggestions as may be of general interest will be published in the JOURNAL, and later circulars containing full particulars will be sent to those sending their names and addresses in full. Suggestions for curtailing expense without sacrificing too much comfort will be specially welcome.

MARY E. THORNTON,
120 East Thirty-first Street, New York.

PENNSYLVANIA STATE NURSES' MEETING

PROGRAMME of the meetings of the Pennsylvania State Nurses' Association to be held at the Hotel Schenley, Pittsburg, Monday and Tuesday, October 5 and 6:

Monday, October 5.

Nine A.M., greetings and registrations.

Ten A.M., call to order.

Prayer.

Address of welcome.

Response by president.

Talk by Miss Eva Allerton, of Rochester, N. Y., chairman of the New York State Legislative Committee.

Reading of minutes of last meeting.

Report of Constitution Committee.

Discussion, adoption, and signing of constitution.

Appointing Nominating Committee.

Tuesday.

Nine A.M., roll call.

Informal address by Miss Sophia F. Palmer, editor-in-chief of THE AMERICAN JOURNAL OF NURSING.

Report of Committee on By-Laws.

Discussion and adoption.

Reports of committees.

Report of treasurer.

Election of officers.

Appointment of place for next meeting.

S. H. FULLOM, Secretary.

MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION

THE New York State Nurses' Association will hold the next regular meeting at the Academy of Medicine, 17 West Forty-third Street, New York City, on Tuesday, October 20, at ten A.M. and two P.M.

Important matters will be discussed and the first report of the Board of Examiners be given. It is felt that every member of the association should make an effort to be present. Nurses who do not understand the working of the new law for registration are cordially invited to attend.

JESSIE MCCALLAM, Secretary,
Post-Graduate Hospital, New York City.

MASSACHUSETTS STATE NURSES' MEETING

THE Massachusetts State Nurses' Association will hold a meeting in Potter Hall, New Century Building, 177 Huntington Avenue, Boston, at two P.M. on Wednesday, October 21, 1903. This is an important meeting and a large attendance is hoped for.

MARY M. RIDDLE, Chairman,
745 Massachusetts Avenue, Boston.

NEW YORK STATE NURSES—APPLICATION FOR MEMBERSHIP IN THE STATE ASSOCIATION

THE attention of our readers is directed to the change in the by-laws requiring all applications for membership to be made to the chairman of the Committee on Credentials, Miss Anna C. Maxwell, of the Presbyterian Hospital, New York City, instead of to the secretary of the association.

MEETING OF THE NEW YORK BOARD OF NURSE EXAMINERS

THE Regents' Office at Albany has issued the following announcement:

"A meeting of the State Board of Examiners of Registered Nurses, composed of Mr. L. Bissell Sanford, of New York; Miss Annie Damer, of Buffalo; Miss Dorothy N. MacDonald, of Brooklyn; Miss Sophia F. Palmer, of Rochester, and Miss Jane Elizabeth Hitchcock, of New York, was held in the Regents' Office, Albany, Tuesday afternoon, September 15.

"All members of the board were present, also Secretary James Russell Parsons, Jr., of the Regents' Office.

"The board organized by electing Miss Palmer as president and Miss Hitchcock as secretary. Miss Palmer is editor of *THE AMERICAN JOURNAL OF NURSING*. Miss Hitchcock has charge of the nursing staff in the Nurses' Settlement, New York City.

"The board first considered and adopted a form of application for certificate as registered nurse. Blanks will be printed immediately. Those who desire to apply for certificates as registered nurse should ask for these blanks at the Regents' Office.

"Section 208 of the law waives the examination, on recommendation of the State Board of Examiners, of graduates, residents of the State of New York, at least twenty-one years of age and of good moral character, with diplomas from approved training-schools for nurses connected with a hospital or sanitarium giving a course of at least two years; and also of those who were in training at the time the act was passed who shall graduate hereafter; and also of those with three-years' experience in a general hospital in the practice of nursing prior to the passage of the act who shall apply in writing for such certificate within three years after the passage of the act; and, finally, any nurse of good moral character who has been engaged in the actual practice of nursing for not less than three years prior to the passage of the act who shall satisfactorily pass an examination in practical nursing within three years thereafter.

"The test in practical nursing will include both a practical demonstration and a written test involving the care of febrile cases, of patients before and after operation, of the mother and new-born babe in normal and abnormal obstetrical cases, of treatment of emergencies, and a knowledge of drugs with regard to toxicological symptoms and treatment after poisonous doses. Male nurses will be examined on genito-urinary work as a substitute for obstetrical cases.

"The practical demonstration will be conducted by a member of the Board of Examiners, who must recommend the applicant for admission to the written test. Both practical demonstration and written test will be held on the dates and at the places prescribed for Regents' examinations in the other professions,—viz., at New York, Albany, Syracuse, and Buffalo, June 21, 1904, January 24, 1905, June 20, 1905.

"As students in training-schools prior to April 27, 1903, are exempt from the full examination, it does not become necessary to prescribe the conditions for certificate with full examination for some time to come. The requirements for such certificates, therefore, will be announced later."

REGULAR MEETINGS

PHILADELPHIA.—The regular monthly meeting of the Alumnae Association of the Woman's Hospital of Philadelphia, Pa., was held on Wednesday, September 9, 1903. In the absence of the president the meeting was called to order by the vice-president, Miss Peters, after which the report of the treasurer was presented. Upon motion this report was accepted and ordered spread upon the minutes. The Bed-Fund Committee reported that the sum in hand for this purpose amounted to seven hundred and eleven dollars and eighty-one cents. The subject of sending a delegate to the meeting in favor of a State association of nurses, to be held in Pittsburg in October next, was then taken up, and Miss Whiteley was appointed to represent the Alumnae Association at that time and place.

The meeting adjourned at five P.M.

PHILADELPHIA.—The Alumnae Association of the University Hospital held its regular monthly meeting on Monday, September 7, at three p.m., in the Nurses' Home, the president in the chair. Nine nurses responded to roll-call. Greetings were received from the regular secretary, Miss Casey, who is abroad, also announcement of the marriage of one of our members. Miss Lasater was appointed delegate to the meeting of the State society in Pittsburg, October 5 and 6. The report of Miss Bankson, delegate to the Associated Alumnae Convention in Boston, was most interesting and brought up several themes for discussion. After adjournment tea was served.

THE Reports of the Buffalo Congress are now to be obtained of Miss Tamar E. Healy, treasurer of the Associated Alumnae, whose address is 160 Joralemon Street, Brooklyn, N. Y. The price is one dollar and twenty-five cents.

ERRATA.—On page 1001 read "Dr. Lefavour." On page 980 read "13 Dimock Street."

MARRIAGES

ON the morning of July 22, at the Church of the Nativity, South Bethlehem, Pa., Miss Clara Dorrance and Mr. Wm. Snyder, of Jersey City, were married, the rector, Dr. Gilbert H. Stirling, performing the ceremony. Miss Dorrance, Class of 1896, St. Luke's Hospital, South Bethlehem, Pa., has for the past two years been the parish nurse of this church. Her future home will be in Jersey City.

AT the Little Church Around the Corner, New York City, on July 11, Miss Claire Huber and Dr. Grey, of Easton, were married. Miss Huber was graduated from St. Luke's Hospital, South Bethlehem, Pa., with the Class of 1901, and is a member of its alumnae.

ON July 2, at her home, 530 North Fifth Street, Allentown, Pa., Miss Katherine Kay Hume and Mr. Jacob Barnes were married. Miss Hume is a graduate of this year's class of St. Luke's Hospital, Bethlehem, Pa.

IN Philadelphia, on September 10, Miss Edith D. Harcastle, graduate of the Methodist Episcopal Hospital of Philadelphia, to Mr. John P. Kranz. Mr. and Mrs. Kranz will reside in Philadelphia.

ON June 25, at Baltimore, Md., Miss Mary Clare Maguire, graduate of Baltimore City Hospital, Class of 1901, to Dr. Walter Lee Nicholls, of New Castle, Ala.

ON August 5, at Cissna Park, Ill., Miss Flora Belle McMahon to Dr. Nelson Merrill. Dr. and Mrs. Merrill will live at Marshalltown, Ia.

OBITUARY

It was with deep regret at the June meeting that the alumnae members of the University of Pennsylvania Hospital Training-School learned of the death of Mrs. F. W. Goemann, née Anna B. Wacksmuth, Class of 1897, on April 12, 1903.

Many of her associates will remember her best as night superintendent, where her untiring energy and cheerfulness aided those under her care and supervision.

Resolved, That as a tribute to the memory of Mrs. Goemann, and as an assurance of the esteem in which she was held by the Alumnæ of the University of Pennsylvania Hospital, we tender our sympathy to the bereaved husband.

Resolved, That we commit to our records our expressions of love for our sister nurse.

Resolved, That copies be sent to THE AMERICAN JOURNAL OF NURSING and *The Trained Nurse*.
ANNA L. SCHULZE, Secretary pro tem.

MISS MARGARET POMEROY CRAWFORD died at her home in Mifflintown, Pa., on June 27, 1903, of consumption, from which she had suffered for about one year. She was a graduate of the Class of 1898 of St. Luke's Hospital, South Bethlehem, Pa., and was engaged in private nursing in Brooklyn, N. Y., up to the time of her ill-health. She leaves many friends and associates who mourn her loss.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

A NEW league, or, as we should call it, *alumnæ* society, has been formed in England, consisting of the nurses of the Leicester Infirmary.

One of the objects of this league, which is decidedly original, is to organize a Recreation Club.

The Recreation Club includes two classes of members, associates and full members. The associates have no votes in matters connected with the league, nor can they wear the badge or be entered on the register. The Recreation Club is intended to be composed of various sections, two of which, that on library and that on cycling, are already in a flourishing condition. We shall hope to hear more of this rational and cheerful league.

THE ROYAL BRITISH NURSES' ASSOCIATION AND REGISTRATION

At the annual meeting in June the question of State registration was actually discussed at length.

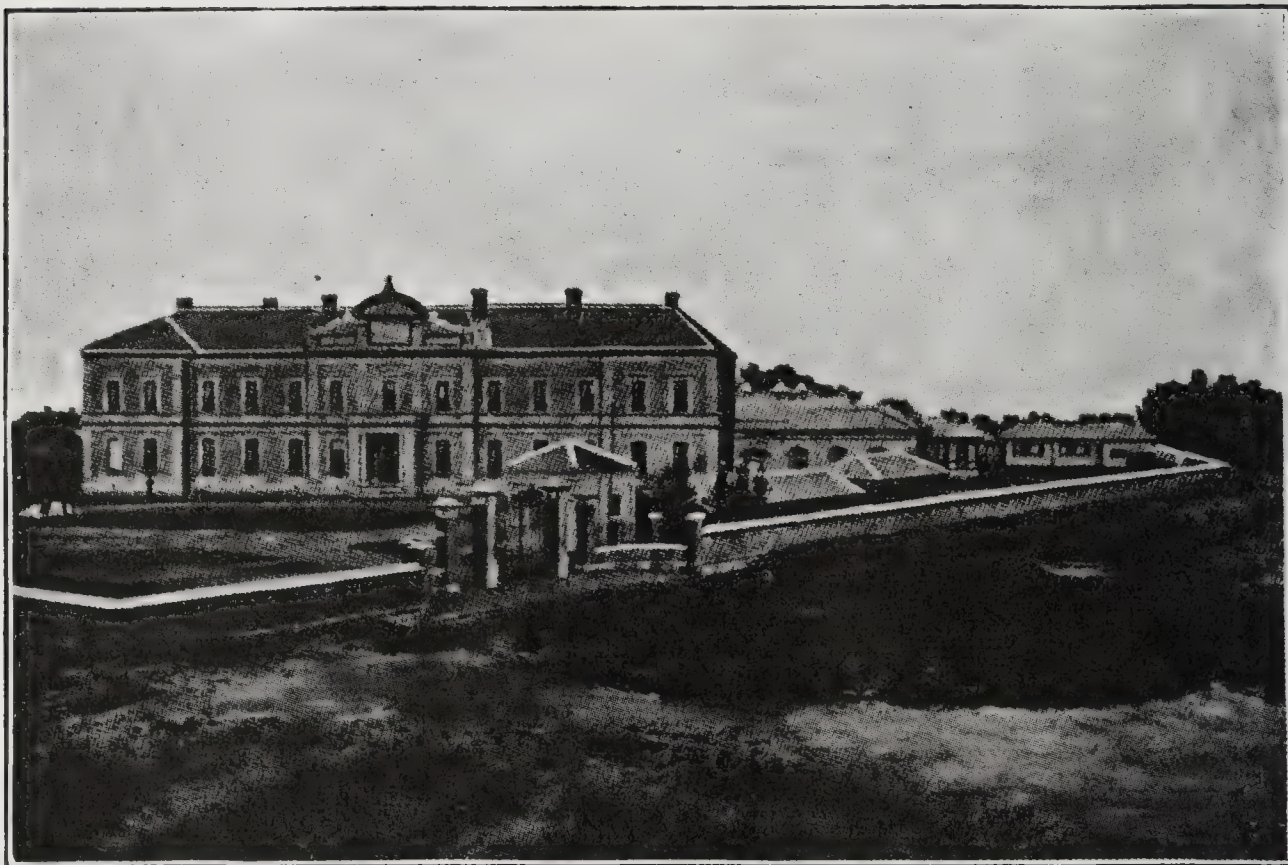
As was mentioned in a previous issue of this JOURNAL, notice had been given at an earlier meeting that Miss James intended bringing in a motion to discuss State registration, and this motion was now formally read, being as follows:

"Moved by Miss James: 'That it is desirable that the subject of State registration shall be discussed by the Royal British Nurses' Association.'"

Miss James then spoke at length in favor of State license for nursing. Our Miss Catherine Wood seconded the motion and spoke strongly and sensibly, as usual, and was followed by Miss Forrest. The three arguments were strong and well made. The report gives no negative side, so that one must conclude no opposition was expressed.

We are quite sure it must have required much courage and firmness to introduce this tabooed subject, and we congratulate the nurses who did so, as, whatever may be the different views as to the desirability of State license, there can be only one opinion as to the desirability of full, open, and untrammelled discussion in nurses' associations. Why people should be afraid of one another is one of the puzzles of this puzzling world, and the special form of subtle intimidation by which one set of people can make another set of people afraid to express their opinions is one of the queerest puzzles of all.

THE British Gynæcological Society has given its first examinations and certificates for proficiency in gynæcological nursing. This looks like a step towards State examination.



RED CROSS HOSPITAL. FRONT VIEW



RED CROSS HOSPITAL. REAR VIEW

RED CROSS ORGANIZATION IN JAPAN

THROUGH the kindness of the secretary of the Japanese legation we have received an attractively printed and beautifully illustrated pamphlet describing the work of the Red Cross Society, which is wonderfully well organized in Japan.

A map accompanying the pamphlet shows that local societies are dotted completely over the empire, almost every town of any size having one.

Like the Red Cross Societies of Europe, the organization is under the direct patronage and guidance of the Emperor and members of the royal family. The different officials in authority are chosen by the government from military men and civilians of rank, and the methods of western countries in all details are closely followed, or, even, improved upon. The society has a hospital, which, to translate rather loosely from the pamphlet, which is written in French, is the only one of the kind in the extreme East, and is one of the glories not only of the society, but of Japan.

It was the work primarily of one man, Baron Haslimoto, general medical inspector, who at the time when Japan was about to enter the Convention of Geneva was charged with the special mission of studying Red Cross work in Europe, and who upon his return to Japan published a book called "The Red Cross," in which he strongly urged the necessity of establishing a hospital for the society in which medical men could obtain service and where the nurses of the society might be trained.

His project was approved, and a suitable site selected at Tokio, where the projected building was publicly dedicated by the Emperor in 1886, two days after Japan had entered into the Geneva Convention. The work of the hospital was to be: to give instruction to the staff required for first aid and nursing; to be ready as a reserve hospital in time of war; to take patients from the people at ordinary times, some being pay and others free patients. The work of building was carried on so well that the building was completed in two-years' time.

The hospital is constructed with a central administration building, with nine pavilions connected by corridors. These corridors in time of war could easily be transformed into wards, as could also the large lecture-room now used for the instruction of pupils.

Since the war with China the system of instruction of nurses has been greatly extended and remodelled, and several new buildings have been added for this reason.

The training of women nurses was begun in 1890; of men nurses, after the war with China.

Besides being always ready for war, the hospital also offers its resources in all times of public calamity, such as, for instance, the earthquake at Akita.

The society includes in its plan the instruction of high-class women of the laity in elementary nursing and first aid. Upon this point the report says: "If it be asked, 'Why instruct women of the aristocracy in the art of caring for the sick and wounded? It is certain that most of these women cannot give regular service in the hospitals, and even if they do work there, sometimes their work is of no special value?' to this we reply that the society does not adopt this plan for the purpose of securing a greater number of nurses, but does it to elevate the profession of nursing to a higher social plane. Everything else is secondary. In Europe and America there are Sisters of Charity who set the pattern for lay nurses, and as the former are esteemed, so also are the latter. In Japan there is nothing of the kind, and we have had to demonstrate the value of professional

nurses, and that their devotion contributes to the realization of the idea, 'Obligation to country and aid to the soldiers.'"

With this idea, then, an association of women of high rank was formed, who met two or three times a month and studied the elements of nursing under a medical chief, who arranged a special text-book for their use. More than a hundred ladies of the nobility took this course.

This frank and simple explanation of the Japanese report will make perfectly plain and clear to American nurses the attitude of Miss Clara Barton and the methods of the Red Cross in this country, of which she is president, which so bewildered and annoyed them at the time of the Spanish-American War, when society women and all sorts of laity were hurriedly called together, given what was called "first aid" instructions, and sent hither and yon as "Red Cross Nurses." Well-trained nurses who held their hospital diplomas could not understand this, but a little history explains it. The Red Cross Societies of the Old World are purely aristocratic organizations, and all their methods are adapted to a society where patronage and royal approval are everything, and where the status of all working-women is very low indeed in the social scale and needs to be propped up by artificial aid. As nurses were found to be necessary for the army, it became necessary to dignify their work by casting about it a halo of fashionable interest.

Miss Barton was trained in the Red Cross work of foreign countries, and, great as her life work has been, and revered as she must always be, she has always retained the methods of Old-World monarchies in her Red Cross work, not realizing that they did not fit in this country, with its independent army of trained nurses. Here the work of the nurse does not need the patronage of the society woman; rather was the latter, when posing as a "Red Cross Nurse," looked down upon by the nurse, and rightly so.

But to return to our Japanese report: Besides their own instruction, these ladies did much to encourage the nurses.

On the formation of every new class, or whenever a nurse was promoted, one of the Princesses of the royal family was present and said some kind and encouraging words. Other members were charged with supervision over the moral standards of the nurses. Others gave prizes to nurses who had specially distinguished themselves.

The nurses live in the hospital, and in matters of discipline and conduct are supervised by the committee of ladies. Their technical instruction is given by the doctors of the hospital. The requirements for admission and the rules of discipline are about like those of the best European hospitals of similar character; the course of study is three years, the first half of which is filled principally with technical study, practical work being only accessory.

The last eighteen months are given entirely to practical work.

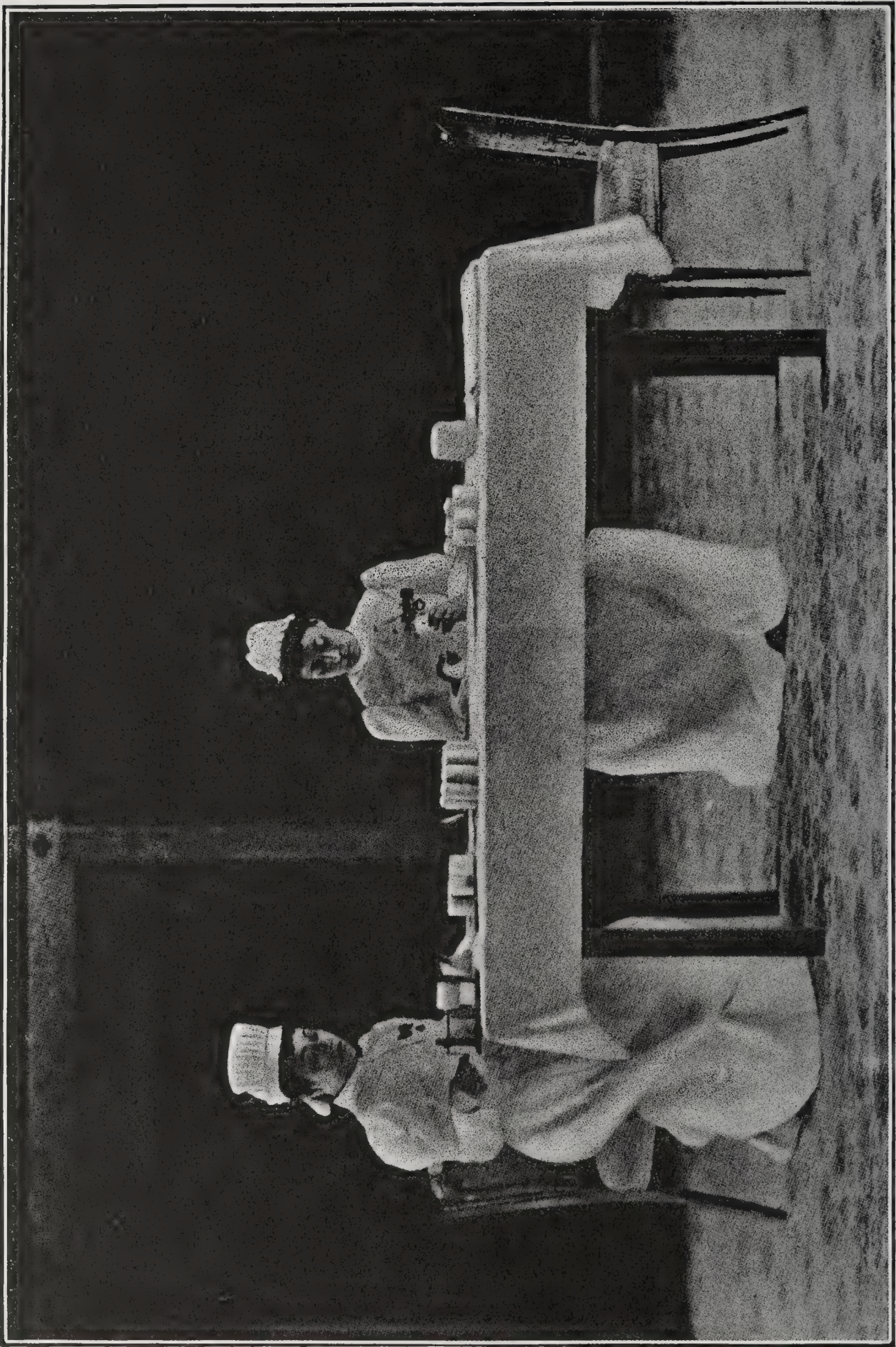
The nurses on the reserve list bind themselves to a fifteen-years' service, if necessary, or to answer the calls of the society during this period, and these nurses are given a two-weeks' period of instruction yearly. Nurses on the reserve list who are guilty of serious misconduct are removed from the list, their diplomas taken from them, and the reason for their discharge published.

At the end of the year 1898 the society had one hundred and ninety-five pupil nurses, of which ninety had obtained a diploma.

Since that time the service has been enlarged by a system provided for teacher-nurses to go into smaller places and instruct nurses in affiliated hospitals, and by a system providing for private duty.



HOSPITAL SHIP OF THE RED CROSS OF JAPAN



MEMBERS OF THE WOMEN'S AUXILIARY MAKING BANDAGES



LANTERN SLIDE PICTURES USED BY THE RED CROSS



LANTERN SLIDE PICTURES USED BY THE RED CROSS

The nurses are now drawn from excellent families and are deeply respected, no longer only because of aristocratic support, but because of their own merits and capability. We have often heard from Miss Richards and others of the charm, refinement, and dainty perfection of the Japanese nurse. This Red Cross report shows that they have now become indispensable in hospital work, and their success and prestige must give an impetus to the whole movement among women for a definite place in the world's work.

The Red Cross Society of Japan gives lectures in the various towns for the purpose of arousing public interest. These are illustrated by lantern slides, and it is interesting to read that the picture of Florence Nightingale is always thrown upon the canvas.

LETTERS

AMSTERDAM, HOLLAND.

The photographs of the Wilhelmina Gasthuis which have appeared in the JOURNAL do not convey an adequate impression of this very beautiful hospital. I made my first visit there the other day, and remembering that it had trees in front of it in the photograph, I looked about for trees and open space upon alighting from a car at some little distance. What at first sight seemed to be a beautiful park turned out to be the hospital grounds, in which the buildings, on the isolated pavilion plan, stand separately, but each as part of a symmetrical design.

Like the great general hospital at Eppendorf, it seemed more like a beautiful small city and less like an institution than our hospitals. The grounds are so spacious, the trees, shrubbery, and lawns so luxuriant and well planned, that the buildings only open to sight one by one as the tour of the grounds is made. The Pennsylvania Hospital in Philadelphia is more like it in this respect than any other I remember at home. Others, like the Johns Hopkins and Boston City, have fine, large grounds, but landscape gardening has not there produced this charming, park-like setting of each pavilion.

One detail which particularly struck me was the placing of the mortuary. It stood in a retired and unobtrusive position, completely sheltered with green, and the approach to it, which was winding, was hidden between two hedges of shrubbery high above a man's head. The whole impression was one of quiet reverence.

To carry the meals and supplies a little railway runs through each road or path, on which a small handcar with closed compartments travels.

The nurses, of course, must go through wind and weather when these are bad, but this is more than compensated for by the paths to duty between leaves and flowers and open sky through most of the year. How much more refreshing than marble corridors and tiled underground passages!

The buildings are beautiful architecturally and in color. The characteristic Dutch lines of roof are preserved. The hospital is quite new, the corner-stone having been laid only ten years ago by the young Wilhelmina, and all its appliances, ventilation, etc., are modern.

On a distant portion of the grounds stands the remains of an ancient building which was a plague hospital in the early part of the fifteenth century. This, to my regret, I did not see, as rain, which is too plentiful in Holland, had flooded the approach to it. The old building is now a picturesque ruin.

There are between six and seven hundred beds and every kind of service,—medical, surgical, gynæcological, obstetrical, mental, contagious, children's and sick infants', men's and women's wards,—so that the nurses in their three-years' course must certainly get an excellent training.

Oddly enough, in this hospital the maids wear caps and the nurses wear none. It would be, apparently, a loss of dignity for the nurses to wear caps. The uniform is dark blue with the white apron with shoulder-straps. The nurses who have passed their third-year's examination are distinguished by a white brooch in the form of the Maltese cross. Save this one article there is no difference between the dress of the head nurses and juniors. It seemed to me that, like some of the English hospitals, there was in these wards a sort of homely cheerfulness which our severely aseptic wards at home often lack. Each ward had many green plants, and here and there some patient had her canary-bird in its cage. An upright piano stands in the middle of the long wards, and when one of the nurses plays or sings there is music for the patients in the quiet hours.

The nurses' hours are longer,—eleven in a day,—but the staff in a ward is large, and I am sure they do their work in a more unhurried way than we. The proportion of nurses to a ward, counting those only who are actually doing up the patients, not those in diet kitchen and operating-room work or head nurse, is about one to four patients.

I saw an arrangement for keeping patients raised off of the bed which was new to me, and it may be so to some others. There were, first, attached to the bed slender iron uprights and side-pieces, like the skeleton of a bed. This was all adjustable, and to the side-pieces were hooked, with eyelet-holes and tapes, the firmly made ends of broad bands of fine canvas, which passed under the patient's body from side to side and which, when made taut, raised him from the bed as much or little as desired, this being regulated by a turning crank and pulley. The bed itself was made in the usual way, and a large water-pillow covered all the part below the patient's buttocks and spine. Large, soft pads of cotton were laid between his body and the supporting bands, and he had plenty of pillows. In this position the patient, who had previously suffered excruciating pain, lay suspended in an easy curve which could be altered by loosening or tightening the fastenings at the side, and which afforded him complete relief, as well as entirely preventing bed-sores and allowing the most perfect cleanliness to be maintained.

After the three-years' course is completed the nurses here may, as in so many foreign hospitals, remain in the service of the hospital on a moderate salary as long as they desire or are desirable. I cannot but think this an admirable arrangement which might well be adopted in American hospitals, lessening the number of new probationers every year and giving a feeling of more permanency and steadiness. If a nurse loses her health in the hospital service even after two-years' work, she receives a pension from the city, for the Wilhelmina is a municipal hospital. This is not enough to live on, but enough to pay for lodging and, probably, clothing.

Nurses who desire private duty may work independently, or they may join the Association of the White Cross, which gives them a fixed salary and provides them with cases,—but not with a home,—or they may join a coöperative association, through which they obtain cases and receive practically their earnings,—also living at their own expense.

A successful private-duty nurse can with regular work earn what corresponds

to four hundred and eighty to six hundred dollars a year. Living expenses are less than with us, yet not enough so as to make this equal to the salary of the American.

There is an excellent district nursing association in Amsterdam, which I hope to visit later.

L. L. D.

ITEMS

REGISTERED NURSES' SOCIETY

THE ninth annual report of the Registered Nurses' Society in London gives some interesting figures by which to compare the relative earnings of nurses in England and America. The Registered Nurses' Society, it will be remembered by those who were at the Buffalo Congress, conducts an exclusive registry for its members, all of whom must possess a high grade of professional qualifications, and who, consequently, may be assumed to represent the best-paid element in English nursing. The members of the society receive all of their own earnings, from which they deduct simply the expenses of their business office.

The report gives the average weekly sum earned as two pounds nine shillings, which in American money is just about twelve dollars, perhaps a few cents more or less. This is just about half the average weekly earnings of a trained nurse in the large cities of America, and three dollars less than the average of fifteen dollars a week which is the general rule in small towns. Then, if one were to select a group of nurses in one of our large cities, representing a carefully chosen class of nurses, such as the Registered Nurses' Society represents,—let us say the New York Hospital Nurses' Registry,—it would quite certainly be found that, as these nurses by the advantage of their position are able generally to command incomes of from twenty-eight to thirty-five dollars a week, a weekly average made up from the statistics of such a registry would show a higher level than twenty-four dollars. It may therefore be safely assumed that, taking nurses of the same professional grade, the American is paid something more than twice the sum which the English nurse receives at private duty.

Of course, the cost of living must always be considered in estimating the value of wages. Living is less expensive in England, on the whole, yet we doubt whether it is exactly *half less*, than in America, and in order to equalize the incomes it would have to be just half, or a little less than half, what it is here.

Work is also rather less strenuous in England, and English nurses work for a longer period of years than the American. Yet in fifteen years of private duty a successful nurse can save more than an equally successful one in England could save in nearly twice the number of working years.

All these things considered, one cannot wonder that America is looked on as a favorable spot for work.

DR. ANNA HAMILTON, who is doing so much to educate the public authorities in France on questions of hospital nursing, does not approve of attempting to train nurses in hospitals where medical students are taught. She considers that the presence of medical students in wards is a serious obstacle to the establishment of schools for nurses of desirable character, as for years past the students have been accustomed to look upon nurses as persons for whom they need feel no respect.

For this reason she advocates the creation of training-schools for nurses on a

modern pattern in hospitals unconnected with universities, as offering superior advantages to the pupil nurse, and says that where there is the university connection there should be strict disciplinary measures to insure good behavior of the students towards the nursing staff.

A RECENT number of *Unter dem roten Kreuz* gives the names of the directors of the Training-School for Superintendents of Nursing in Munich, which we have mentioned in a previous issue. The school is under the direction of the Red Cross Society, and nurses wishing to enter must, among other things, show two-years' experience as sister or head nurse of a ward. If accepted, they must either promise to give two-years' service in one of the Red Cross hospitals or else to pay the cost of the course of teaching.

Fräulein von Wallmenich, a trained Red Cross sister, is on the directors' board.



CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING SEPTEMBER 22, 1903.

BRACHER, LOUISE P., formerly on duty at Fort Bayard, N. M., discharged.

Brill, Selma, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to be married.

Dones, Mrs. Ella B., graduate of the Cincinnati Hospital Training-School, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Dwyer, Katherine, assigned to permanent duty at the First Reserve Hospital, Manila.

Hanson, Bernice E., assigned to permanent duty at the First Reserve Hospital, Manila.

Kennedy, Emma L., sick at General Hospital, Presidio, San Francisco, Cal., under orders for discharge.

McDonald, Mary D., assigned to permanent duty at the First Reserve Hospital, Manila.

McInnes, Agnes, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Mann, Emily P., on duty at Base Hospital, Iloilo, P. I., under orders for transfer to the United States for duty.

Mason, Edith A., under orders for transfer from the General Hospital, Presidio, San Francisco, to the Philippines on first available transport.

Meuser, Gretta B., under orders for transfer from the General Hospital, Presidio, San Francisco, to the Philippines on first available transport.

O'Brien, Helen Grace, graduate of Province Hospital, Washington, D. C., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Riordan, Marie A., assigned to permanent duty at the First Reserve Hospital, Manila.

Rohlf, Louise, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Rourke, Louise R., formerly on duty at General Hospital, Presidio, San Francisco, discharged.

Ruble, Minnie H., recently on duty at the General Hospital, Presidio, San Francisco, discharged.

Thomas, Elizabeth D., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Thompson, Ida L., transferred from the Base Hospital, Iloilo, to the First Reserve, Manila, P. I.

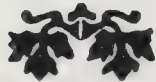
Underwood, Eleanor, transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Verdin, Clara A., graduate of the Cincinnati Hospital Training-School, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Wolfe, Effie, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Woodward, Jessie H., formerly on duty at the Convalescent Hospital, Corregidor Island, P. I., discharged to be married.

Ziegler, Barbara, graduate of the German Hospital, New York City, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.



LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: I have been much interested in the letters of "Orange" in reference to establishing a fund for nurses who are incapacitated.

It certainly behooves us not only to establish a fund on *good business principles*, but to encourage the young nurse just starting out to put away for a rainy day.

In connection with this I would suggest insurance on the endowment plan. There are several substantial companies where one can put away a stated sum every year and at the end of ten or twenty years have something to depend upon. "God helps those who help themselves." I meet nurses who have told me they have been doing private work for ten or fifteen years and have never saved anything—never even thought it necessary. Now if they had taken out a policy, they would have managed to pay that before any other debt and would reap the benefit when they most needed it. It is because these suggestions were never made to me that I never thought of it, else now I would be some hundreds of dollars better off. Saving becomes a habit as well as spending.

It seems to me that superintendents of training-schools could encourage thrift by allowing some agents from reputable companies to talk with nurses on insurance. I know of one superintendent who did this with the result that quite a number of nurses took out policies on the endowment plan. Look at our most successful business men. Most of them carry heavy insurance, showing they think it a good investment.

Some, I know, will say, "Oh! I put money in the bank." But how frequently it is taken out on the smallest provocation. The bank may fail, but your policy is safe and cannot be seized for debt. In other words, you are protected against yourself.

I know this does not cover the whole question of dependent nurses, but for the nurses of the future it might mean independence.

Another matter comes up, Why should not the insurance agency appeal to nurses who desire to take up a means of livelihood other than nursing? They might do work among nurses with benefit to themselves and their customers.

It seems to me it would be better than to have graduate nurses giving instruction to ladies (who don't need it) in how to take care of the sick, as we read of occasionally. Or, as in the *Ladies' Home Journal*, teaching so-called nursing.

FLEUR-DE-LIS.

WATERLOO, QUEBEC, CANADA, September 17, 1903.

DEAR EDITOR: I have noted with much regret the statement in the last number of the JOURNAL that there are still a large number of unsold copies of the "Transactions of the Nursing Congress" held at Buffalo in 1901. I have not your JOURNAL by me at the moment, but if memory serves me aright these "Transac-

tions" were ordered to be published by the various societies represented at the congress, who thus tacitly guaranteed to purchase the copies either as societies or individuals. The publication of these "Transactions" was placed in the hands of a committee, who, by the way, deserve high commendation for the way in which they performed their task, and who certainly would hardly have ventured upon their own responsibility to run the risk of incurring a large indebtedness to be met by the association.

I cannot help thinking that this is a matter which is deserving of the most careful consideration, not only of each *alumnæ* association, but of the superintendents of our training-schools, inasmuch as both societies were represented at the congress. An obligation assumed is none the less an obligation because no written promises or guarantees accompany it. There is another view of the matter, however, and to present it briefly is my purpose in writing to you. These "Transactions" are the carefully prepared records of one of the most noteworthy events which has ever taken place in the nursing world. The gathering together there of nurses from all parts of America and from foreign countries, women grown gray in the service, to whose arduous labors the profession owes its status to-day, was not only an interesting but a memorable occasion, which those who had the good fortune to be present will never forget. The writer, debarred from that privilege, treasures as the one tangible evidence of this great event her volume of "Transactions," and refers to it constantly. It would be hard to find any volumes of more interest and value to nurses than the records of our first Nursing Congress in Chicago in 1893, the International Congress in London in 1899, and the recent records of the Congress in Buffalo. They are history, and as such ought to be in every nurse's library. The latest volume is of convenient size and comparatively inexpensive. It is so interesting and so useful for information and reference that it is hard to understand how any nurse, watchful of the progress of her profession and interested in its welfare, can consent to be without it.

As it may not be generally known through whom these books may be obtained, I venture to suggest that a brief notice in the pages of this JOURNAL, giving this information and adding the cost of book and transportation, may be helpful to those (and I hope they may be many) desiring to purchase. Trusting I have not trespassed too greatly on your valuable space, believe me,

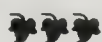
Yours faithfully,

M. A. NUTTING.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



EDITOR'S MISCELLANY



THE subject of the training of nurses is being so generally commented upon in different magazines as well as medical journals that we purpose printing in this department clippings bearing upon the subject, both favorable and unfavorable to nursing interests, that our readers may be kept in touch with the trend of public opinion upon this subject. We shall not always comment upon such articles, believing that our readers are competent to separate the "wheat from the chaff" without assistance from the editor.

THE QUESTION OF THE HOUR.—When should the education of a nurse begin? The question is at present engaging considerable attention, and several hospitals—the Royal Infirmary, Glasgow, the London, and Guy's—have made experiments in preliminary courses, which can now be no longer considered tentative, but have in each case been found of proved benefit to pupil and institution alike.

But, though a step in the right direction, it is impossible that a few weeks' special instruction prior to entering the wards of a hospital for practical work are all that is necessary if the best results are to be attained. Heads of training-schools still complain of the overwhelming and increasing amount of instruction to be crowded into the three-years' course, and pupils, bewildered with theoretical instruction, with the novel domestic work, and the responsible duties in relation to the sick which are required of them, not unfrequently break down under the strain, and the probability is greatest in precisely those pupils whom it is most desirable to retain, namely, those of conscientious, sensitive, and finely balanced temperament. Who is to blame? So long as the majority of training-schools demand little or no evidence of general education they cannot be wholly exonerated from responsibility. The direct result of this lack of any educational standard in the nursing world is that girls of bright intelligence and good education gravitate to the professions of medicine and teaching, to the Civil Service, to secretarial and other similar work, while for the member of a family who shows no conspicuous ability for any particular walk in life the nursing world is considered to afford a promising opening. So superintendents of training-schools are on all sides complaining that the quality of the "raw material" which is available for training is deteriorating, with the result that the finished product is deteriorating also.

But it is not the nurse-training schools which are primarily to blame. To place the responsibility on the right shoulders we must go farther back, that is, to the time when the embryo pupil-nurse is still at school.

How many parents take the education of their girls seriously? Thanks to the efforts of educationalists, more than to the demands of parents, many high schools for girls now afford cheap and excellent educational facilities. But, still, the education a girl receives is determined more by the exigencies of a local examination and the decision of the head mistress as to how many and which subjects she must take up in order to be able to obtain a sufficient number of marks to come out in an honor class, and so bring credit upon her teacher, than by any thought of her subsequent career.

In the case of a boy, on the contrary, by the time he is fourteen or fifteen it is necessary that he should decide on a profession, and subsequently his studies are directed accordingly.

It is just this direction which would be of the utmost value to a girl and which is almost wholly lacking; consequently, as a rule diligently, but more or less aimlessly, she pursues her studies until the age of seventeen or eighteen, when she is supposed to be "finished," and if she is not compelled to earn her living she returns home, when, if she does not happen to be of a studious turn of mind and to keep up a habit of reading, she speedily forgets much of the limited amount of knowledge she has acquired.

It is an extraordinary fact that many parents, while they would consider themselves falling short of their parental duty if they did not equip their sons for the battle of life by educating them to earn their own living, feel no such responsibility with regard to their daughters. Yet, setting aside the fact that most women when they arrive at adult life are happier in a sphere of their own, if parents consider the future seriously at all they must realize that nowadays it is essential for most girls to have a means of livelihood. The parents who can settle on their daughters a sufficient sum to bring them in an income of at least one hundred and twenty to one hundred and fifty pounds per annum are comparatively few; in most cases all the available capital has gone in the education of the boys. But if they cannot do this, then it is essential that the girls should go out into the world to earn their own living if they are not to be condemned to penury in middle life and old age. It is no use their attempting to make a living then. The struggle is hard enough for expert workers; the labor market has no place for untrained middle-aged women.

There is, of course, another alternative, namely, marriage. It looms large in the horizon of most parents in their calculations with regard to their daughters, and is responsible for much of their apparent irresponsibility with regard to the future of girls. Marriage is natural and right, they say.

Granted that a happy marriage, both for men and women, is desirable, it is surely unwise to base so important a decision as that of a girl's future on her chances of matrimony. Besides, it does not need elaborate calculations to know that, in this country at least, for many women matrimony is an impossibility. Moreover, which is the more likely to make a success of marriage—the girl who has a profession at her back, and who therefore seriously considers the step she is taking before giving up a life full of interests and happiness, or the one who has been taught to look forward to matrimony as the one means of providing herself with an assured income?

Until women place marriage on the same plane as men as an influence in determining their career, so long shall we have girls accepting their first offer of marriage as the lesser choice of evils, and the inevitable result in many cases will be unhappiness.

Putting marriage, then, out of the question for the time being, and assuming that a girl has an inclination towards nursing, how can her education be directed so as to be of use to her subsequently? By all means let it include one or more foreign languages. To the private nurse nowadays French is a valuable asset. Then rudimentary Latin will also be of great use to her. She is required, as a nurse, to be able to read the patients' head-boards intelligently; and the directions as to prescriptions, though they may not be couched in classical terms, are still in Latin. Anatomy, physiology, hygiene, economics as they affect the com-

munity, and bacteriology may also with advantage be included in her studies. Do you say that this is too much to require of her, and that you like your girl to be practical? Then, oh mother! see to it that she can turn out a room, that she knows how to handle a broom, to keep glass and china dainty and bright, and that she can cook an appetizing meal. None of these accomplishments, as a rule, does the daughter of the domestic woman possess. They all have to be taught her in the time which should be devoted to special training. See to it, moreover, that she is expert with her needle. The modern girl, as a rule, is not. Yet she must be deft-handed if she is to pad splints properly, to prepare the many dressings now required in hospitals, and to keep ward linen in good order. In short, give her a thoroughly practical education, and when she enters a nurse-training school she will be able to profit to the full by the professional education she receives, and go on to higher things. Is it too much to hope that, if she aspire to the superintendence of a large nurse-training school, in days to come she will need a university degree as well as a teacher's diploma? Training-schools for nurses are essentially educational centres, and all the prizes in the educational world are held by women having a university degree or its equivalent. If the authorities of our great nurse-training schools let it be known that, other things being equal, candidates for the post of matron holding a university degree would have precedence, they would not only eliminate many candidates from a lengthy list, but would also obtain a woman of culture—surely a great desideratum—as their superintendent of nursing, and, further, they would place their nursing-school on its rightful plane, namely, on the educational one.—MARGARET BREAY, in *British Journal of Nursing*.

To the Editor of Charities:

During the past year a number of different private hospitals of the city have been reported as in great financial straits, due largely to the increased cost of supplies and the considerable expense incident to the installation of modern hospital appliances. It is stated in this connection that the second largest item in the expense of a modern hospital is the cost of training nurses, as under the present arrangement in most public and private hospitals a nurse in training receives maintenance and a pittance of from eight to fifteen dollars per month for clothing, books, and incidentals. In view of the increased number of applications for admission to the best training-schools in the city, the better remuneration paid nurses in private practice at the present time, and the financial condition of the hospitals, it would seem timely to consider whether any saving might be effected in the cost of the nurses' training-schools without impairing the standing and efficiency of these schools. If the small allowance given each nurse for incidentals could be dispensed with, the total saving to a training-school of seventy-five nurses would be from seven thousand to eight thousand dollars per year.

If this argument from economy were the only one in favor of this proposition, the wisdom of the change would be exceedingly doubtful, but it is also urged that this change would place the training-schools on the footing of an educational rather than a charitable institution, and would have the effect of raising the standard of the school and increasing the independence of the students. Now that nursing is recognized as a profession and attracts women who sometimes have either means or social position or both, it is possible that the small monthly stipend could be dispensed with in most instances. There would probably be a

few women in each school giving evidence of ability to do good work as nurses who would need the present honorarium, but these cases might perhaps be provided for through scholarships given by individuals or the school, as is the custom in educational institutions.

The proposition advanced for discussion, then, is this: (a) to regard the training-schools for nurses as educational institutions primarily, giving professional instruction, which, like that of our colleges and universities, is to be paid for by the recipient, although it cannot be calculated accurately in terms of money, and (b) to abolish all features which savor of the charitable attitude towards those availing themselves of the educational opportunities offered by these schools.

WILLIAM B. BUCK.

NURSING AS A PROFESSION.—In our issue of July 2 reference was made to the movement which is now well under way of providing further preliminary training for those who intend to take up the work of nursing. With this movement, as we then implied, has naturally come a tendency on the part of the leaders in the work of nursing and others to claim for their calling a distinct place as a profession. We suggested that it seemed to us questionable whether nursing, as ordinarily understood, could be placed in the category of the liberal professions, but implied that in the nature of its work it was rather to be regarded simply as a "calling." This question must sooner or later be definitely answered. If nursing is to be regarded as a liberal profession, it must naturally claim the privileges which go with this designation, the most natural of which is to advance very far beyond the stage which it has as yet attained.

In this connection we are glad to call attention to a letter on this subject which appeared in our issue of July 16, in which the writer took the position that nursing from its very nature could not be regarded as a liberal profession. He alluded to the fact that the essence of a profession is progress, and that the work of nursing does not permit of such development. We are inclined to agree wholly with this view of the question. While perfectly willing to grant that it is altogether probable that a class of persons will arise from the ranks of nurses who will occupy some sort of a middle position between the physician and his patient, we nevertheless are strongly of the opinion that these persons will not be nurses and will not represent the plain drudgery of nursing, as is at present the case.

A man of much acumen, himself a physician, once remarked to us that the future of medical practice would probably be that physicians would become consultants and that nurses would become essentially practising physicians. That we are still far from this state of affairs is apparent; nevertheless, there are many things pointing in the direction of the progress of nurses beyond the limits of their chosen calling into those which have heretofore been regarded as the domain of the physician. We are not inclined to regard this by any means as an unmitigated evil. On the contrary, it seems probable to us that many of the procedures which the physician in the past regarded as his prerogative may be as well, if not better, done by a carefully trained person of wide experience, whether man or woman, but what we do claim is that this function goes quite beyond our conception of nursing, which, as we understand it, is simply and solely to take care of the physical and mental wants of the sick under the direct supervision of a physician.

The present state of affairs is certainly in a measure due to the attitude of the profession itself. It has been shown that women trained as nurses are capable

of taking medical responsibility, and physicians have not been slow to lay such responsibilities upon them. The natural and inevitable result of this has been that nurses have looked beyond the details of their work, and have been allowed to believe that nursing requires a semi-medical education. We are not in the least attempting to criticise this point of view, but we are convinced that it is desirable to face the facts as they are, and possibly to speculate regarding the future to which the present tendencies are likely to lead. We are sufficiently optimistic to think that on the whole the elevation of women who still regard themselves as nurses will be of general utility; but we are strongly opposed to the idea that the term "nursing" may still be used to designate this class of persons, and that nursing, as now understood, may be regarded as a profession. This does not deny that it may grow into a profession which will then have a far closer analogy to medical practice than to our possibly somewhat old-fashioned idea of nursing as such.—*Editorial Comment, Boston Medical and Surgical Journal.*

REGISTRATION OF NURSES.—Registration of nurses is being strongly advocated in Great Britain, but, with true British conservatism, the matter is not to be pushed with any undue haste. The question will be considered in all its bearings before any definite decision is arrived at. However, there is no doubt that the sentiment of the medical profession, of the nurses themselves, and of that portion of the general public which interests itself in the subject is in favor of the registration of nurses. The supplement to the *Hospital*, June 27, has an article treating of the training and registration of nurses, the greater part of which is devoted to a somewhat sharp criticism of the futility of legislation in connection with registering nurses that has up to the present obtained in the United States. The article reads as follows: "It is the fashion of those who write and speak most about the registration of nurses to point with scorn to the present state of affairs in England, and to laud the introduction of legislation for the registration of nurses in the United States. Now our American cousins lay down in their registration bills 'That nothing shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained.'" (Carolina.) This clause clearly reveals the spirit in which such legislation is enacted in the United States. An agitation is gotten up to secure an act on a particular matter, which is duly passed but never enforced, for the simple reason that no machinery for its enforcement is set up or probably desired. There is no utility in an act of legislature unless that act is so drawn as to define clearly the purposes aimed at, and to secure the provision of funds and an adequate and properly constituted authority to insure its enforcement. When passed, none of the American registration bills fulfil these essential conditions, and for all practical purposes they might just as well have no existence." These strictures are to some extent justified by the facts of the case. In but few States has an attempt even been made to guarantee the efficiency of nurses by compelling them to offer evidence that they have had a sufficient period of training and to undergo a test examination. In those States in which efforts have been made to adopt such a course and to introduce bills providing for the registration of nurses unexpected opposition has been developed against their passage. The Illinois bill was vetoed by the Governor. The good effects of the Carolina bill were nullified by the clause referred to in the *Hospital* supplement, and in no State but New York has a bill been passed likely in any way to improve

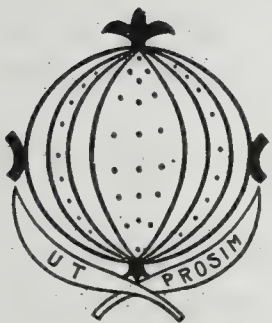
the status of the nurse. The New York bill, although by no means an ideal one, is an advance movement, for it provides a system of registry for regularly trained nurses who shall have passed a satisfactory examination before a Board of Examiners appointed by the Regents of the University of New York. Nurses passed by the board will each receive a license as registered nurse and may attach R. N. to their names, as may also nurses already qualified by long service. The writer in the *Hospital* supplement also falls foul of the length of time considered sufficient for the training of a nurse in the American acts—i.e., two years. He does not think two years enough, but wants an ideal of at least three-years' training and with a minimum age of twenty-five years for the holder of a license. It is an obvious truth that nurses should be thoroughly qualified for the work that falls to their lot. The only way to reach such an end is that they should give evidence that they have been well trained, and should pass an examination before they are permitted to act as nurses. It would be manifestly to the benefit of all concerned if every State were to pass bills for the registration of nurses embodying these principles. The status of nurse at the present time is ill-defined, and the whole question of nursing is in an unsatisfactory condition.—*Editorial Comment, Medical Record.*

To the Editor of the Medical Record:

SIR: The so-called "professional nurses" have been making strong endeavors in different States, with some success, for direct professional registration in the laws of the land and State registration on the same or similar lines to those accorded to the medical profession. That this is a justifiable move is beyond question. It should guarantee to the public a means of distinguishing between the trustworthy and competent person and the contrary by separating the graduated from the non-graduated nurse. The guarantee, however, is by no means infallible. Some "training-schools for nurses" are still too much "trade schools," even as there are still too many such among our medical schools. The question at issue is, How much fundamental knowledge should a professional trained nurse have? By fundamental is meant scientific knowledge, fundamental acquaintance with the "theories" of the work and the "reason why" of his or her acts. That a man or woman can be trained or drilled to be reliable in work, and yet know little or nothing of the science of it, even as a soldier can be drilled in his duties and still know nothing of the science of war, is not only self-evident, but practically even more than the present training-schools have generally attained to. A writer on this subject has recently claimed that the trained nurse should be competent to make every clinical test of urine, blood, or diseased product. That can be done, even as an engineer can be taught to run a locomotive and yet know nothing of the science of mechanics. Another question is, Who should decide on the standard of education of the professional nurses—the nurse organizations, the faculties or managers of the training-schools, or the medical profession? It would seem that this question should be entirely in the hands of the medical profession. If the physicians and surgeons do not know what is required of the nurse, who does? As to the "faculties" of training-schools, their opinions are not worth much where those schools are sort of independent institutions, having hospital connections, but not a part of great public hospitals. The training-schools are more or less like the medical. Too many of them are of a semi-private nature, for the "good" of those directly interested, the public and the student-nurses being consistently and persistently exploited for that "good" and little else.

The organizations of professional nurses, like many a medical society, have also the same weakness. They are liable to get under the control of ambitious persons who desire to shine before the public. What is worse, these "leaders" are saturated with a "will-o'-the-wisp" idealism which is pure moonshine, shadowed by intellectual cloudiness.

To return to that fundamental question—Does the professional nurse require a more or less profound education in the scientific bases of medicine in connection with an exact training in practical routine? If so, how much, and where is the nurse to get that scientific instruction? Certainly not in any of the existing training-schools as now organized. The "probation course" of two, three, or six months, or even a year, generally demanded is of little or no use except to obtain a very general idea of the student's fitness, physical more than mental. It is largely comparable to the "one-year's reading with some practitioner," now traditional, that formerly prevailed in our medical education. If the medical profession and public service require scientifically educated nurses, then that education must and should be given in institutions entirely free from any hospital connections, and should be free. In other words, the respective States should establish a State normal or preparatory school for nurses where these fundamentals and all laboratory drilling should be taught. The term should be of two-years' duration, with three months' vacation between the first and second year. Graduated students should then be apportioned out to the respective public hospitals and institutions for another term of two years. Finally, on receiving a certificate of competency from the hospital the student-nurses should be examined by a State board, registered, and given their diploma of competency. While private or semi-public (endowed) hospitals might have the privilege of employing uncertified attendants, they should be strictly forbidden issuing any certificates indicating any kind of proficiency to any such employes, and if requiring "professional" nurses should be obliged to apply to the State Board of Registration for them. Complaints as to unfitness or improper conduct of registered nurses should be made to the State Board of Registration, which should have the power to place the nurse on "probation," or withdraw a certificate altogether in warranted cases.—MEDICUS, in *Medical Record*.



THE ALUMNÆ ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES.—Conforming with the expressed wishes of many of the members that the association should adopt a distinctive emblem and embody the same in a brooch-pin, the special committee appointed, after availing itself of the best authorities, decided to adopt the pomegranate, with the motto "Ut prosim," as best expressing the ideals of the nursing profession.

The pomegranate since early days has been used in medicine and is also emblematical of good works. With the motto "Ut prosim" ("That I may be of service") the design is particularly appropriate for a nurses' association.

This brooch is made of solid gold and carmine red enamel representing a half section of the pomegranate, the seeds of the fruit showing in pearls. The motto is engraved on the two crossed leaves at the base. A slight idea of its appearance may be gathered from the design above.

DR. KOHLER'S OPINION.—At the Jewish Chautauqua Summer Assembly Dr. Kohler maintained that it was Jewish law which made charity a human obligation. He also spoke of the meritorious work done by the Christian Church in developing charitable institutions. He considered that charity has ceased to be the mere outpouring of altruistic sentiment; it tended more and more to be a recognition of mutual interest and mutual responsibility. Personal service, personal care for, and personal interest in, the poor ever remained the *leitmotif* of Jewish charity, which combined tender compassion with wise provision and helpfulness.

The Jew, so long as he is healthy, is, as a rule, self-supporting and does not apply for assistance from charity organization societies. On the other hand, illness, real and occasionally imaginary, often compels him to seek relief from charity. Among the disease conditions which are frequently operative in reducing the Jew to despondency are to be mentioned the various forms of functional neuroses, the sequela of an acute disease, such as pneumonia, typhoid, rheumatism, etc., which leave the patient in a debilitated condition, so that he is unable to support himself for a few weeks, and often months, of convalescence. Consumption is a cause of dependency which demands the greatest attention on the part of charity organizations, particularly from the standpoint of prevention.

The speakers, all of whom were physicians, pointed out that the question was not altogether a medical one, that the diseases which resulted were in many instances due to the economic condition of the people, and they could only be cured with the improvement of the economic life.—*Charities*.

KNOWING how often nurses find themselves in country places far from furnaces and running water, hot or cold, I felt I must send my latest experience on hot-water supplies to the *Alumnæ Magazine*.

In this shooting-box there is but one stove, the kitchen range; the rest of the house is heated with large, open wood-fires; no bathroom, we bathe in tin basins before our fires, and it is real luxury too.

We have an endless supply of boiling water by very simple means and a minimum of trouble.

Close to each fireplace is an earthenware churn holding about five gallons. It is kept filled with water, and as the fire burns all day, the water is not merely hot, but boiling. I fill hot-water bags, keep milk or broth hot by setting the saucepan into the top of the churn and putting the cover of the jar on the pan, the stone lid being heavy enough to keep the pan in the water.

When water is taken out the jar is at once replenished from a can of cold water kept for that purpose.

They can be put very close to the fire without danger of breaking. Long, narrow jars, such as the churns used here, are best for obvious reasons, but any crock usually found in country houses will do equally well.

At this moment the water is bubbling in my jar and the steam singing like a kettle.—A. Y. IRVINE, in *Johns Hopkins Alumnæ Magazine*.

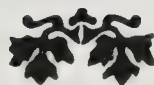
FIRST WINTER SCHOOL IN PHILANTHROPY.—A winter course in philanthropy for professional and volunteer workers in institutions and charitable societies has been announced by the Committee on Philanthropic Education of the New York Charity Organization Society, coöperating with the Association for Improving

the Condition of the Poor, the United Hebrew Charities, the St. Vincent de Paul Society, and other organizations. Mrs. Anna Garlin Spencer will be director. Sessions lasting from October to April will be held in the United Charities Building at Fourth Avenue and Twenty-second Street. . . . The winter course will be held in the evenings and will be so arranged that it may be taken by those who are actively engaged in practical charitable work. It is devised to meet the needs of volunteer non-professional workers quite as much as those of visitors, agents, matrons, and teachers in societies and institutions.

The Charities Directory will serve as a text-book of the course. A thorough study of the philanthropic resources of the city, public and private, will be made, and prominent speakers will discuss such topics as the care of dependent children, reformatories, probation and parole, the prevention of disease, and the management of institutions. Special attention will be given to the direction of reading and personal research and there will be regular hours for consultation with the director and lecturers.

Unlike the Summer School, this course will be directed especially to the needs of those who are to work in the city of New York, and those who are granted a certificate at the end of the course will be required to show a practical familiarity with the charitable agencies of the city, and to be in other respects prepared to enter either upon the care and treatment of needy families in their homes, or upon work in institutions according as they have enrolled in the first or second section of the school.

An outline of the course and the requirements for admission may be obtained by addressing the director, Mrs. Anna Garlin Spencer, 105 East Twenty-second Street.



EDITORIAL COMMENT



FAULTS OF CHARACTER MORE THAN TRAINING

MISS ANNA A. DAVIDSON, in her two papers in which she deals with the little things in nursing that make for failure or success, has shown commendable courage in attacking a subject that is more often discussed by the public than by nurses with one another. Every word that Miss Davidson has written is true, and coming from one of our own members we may look for the cause without feeling that irritation and annoyance that is naturally aroused when our faults are pointed out to us by someone outside of the family.

We reprint in the "Miscellany" a paper entitled "The Question of the Hour" by Miss Margaret Breay, one of the editorial staff of the *British Journal of Nursing*, who writes upon the defects in the home education of girls, as bearing upon the training of nurses. We think the deficiencies that Miss Davidson criticises are more the faults of character than of training, combined with the defects in the education of girls which Miss Breay makes so plain.

Such conditions prevail quite as generally among certain classes in America as in England. The great middle class, which gives to the country the men who make the "backbone of the nation," turns out rather a poorly educated type of women from which to make nurses, and it is from this class that nurses are very largely drawn.

Some wise man has said, "Give me the training of a boy until he is ten, and after that the world may have him."

No woman of experience in the work will contest our assertion that the character of the woman is formed before she enters the training-school. Those moral qualities upon which depend habits of truth, sincerity, stability of purpose, of unselfishness, and consideration and thoughtfulness for others that are to go with the girl through life have been instilled into the very fibre of her being before she leaves the common school, and in just the proportion that there has been fixed a basis to build upon the discipline of the hospital life develops her character. Environment, routine, and the example of others may for a time cover up certain defects of heart and mind, but upon just the lines that her character was moulded in her girlhood she will continue to walk after she leaves the discipline and protection of the hospital.

During the three years in which she has to be taught the thousand and one things that are now necessary for a nurse to know the training-school cannot hope to entirely overcome the faults of the twenty-two years of home training that have gone before.

Heedlessness, thoughtlessness, and carelessness are faults of character, and in a woman who has chosen nursing as a life-work are unpardonable, but these are the faults, in a great measure, of the women of the age in which we live.

The remedy is a part of what we commonly call the woman question, of which the nursing problem is but a unit. With broader education and experience women, like men, will in greater numbers grow stronger in those qualities that stand for character, and in just the ratio that the home develops its girls upon sound lines

of moral responsibility, in just that proportion will the nursing profession send into the home the kind of nurses that it is now demanding.

Nurses, from the nature of their work, are thrown more sharply into public view than any other class of working-women. Life, suffering, and death are the most sacred of all human problems. A woman who does not carry in her heart an appreciation of what suffering means, both mental and physical, can never hope to satisfy her patients in those little personal things that make for failure or success.

MORE NEWS ITEMS

GRADUALLY during the past year we have encroached upon the space allotted to news items to make room for what has often seemed more important material, but we shall hereafter, at the request of many readers, add to our pages of "Hospital Items" and to the "Miscellany," making mention more fully in the latter department of work along other lines that touches the work or life of the nurse, and giving extracts in brief from such publications as give space to such subjects. We shall be especially glad of contributions to this department or authentic "clippings" endorsed by the sender.

THE FOURTH-YEAR ANNOUNCEMENT

THE AMERICAN JOURNAL OF NURSING is entering upon its fourth year with promises of continued prosperity, and with the intention and expectation of making this year's numbers more interesting than any of those preceding. Among the papers that will be given in the near future will be an article on "Training-Schools in Insane Hospitals," written by the pioneer, Miss Linda Richards, who for a number of years has been giving the benefit of her great experience to this class of work. Miss M. A. Nutting, of the Johns Hopkins Hospital, is preparing a paper on "Devices for Comfort in the Care of Rheumatic Patients." Miss L. L. Drown has promised a description of the "Summer Tent Service at the Boston City Hospital," and we are also to have a paper on the out-door work of the Children's Hospital, in which Boston has worked out a most complete system of caring for its discharged children wearing braces and casts.

Miss Elizabeth Campbell Gordon, of Toronto, whose article on typhoid attracted so much favorable comment, will contribute a series of papers on emergency work. From her position as superintendent of an Emergency Hospital she is able to give most instructive information, and she has a charm of style as a writer that will make her papers interesting.

Miss Jeannette D. MacDonald will describe the duties of the quarantine nurse at Angel Island, Cal. This is a new field for nurses, and her paper will be looked for with much interest. Miss S. H. Cabaniss, Johns Hopkins Hospital, at the head of the Nurses' Settlement at Richmond, will write on the "Medical Attitude from the Nurse's Standpoint." Miss Jessie McCallam, Johns Hopkins Hospital, assistant at the Post-Graduate Hospital, New York, will give a paper on "Little Devices for Comfort." Miss Ruth Brewster Sherman, Johns Hopkins Hospital, has several papers in preparation. Miss Mary Moss, whose masterly paper, "The Evolution of the Trained Nurse," was published in the *Atlantic Monthly* for May last, sends a sketch of a visit to the leper colony in Jamaica. Miss Moss is not a trained nurse, but she is wonderfully in sympathy with nursing interests.

Miss Mary J. Reynolds, New York City Training-School, has a paper on

"Nursing in Typhoid." There will be occasional medical papers, written by physicians, but preferred space is given always to contributions from nurses.

Miss Annie Damer, of Buffalo, will write upon the reorganization of the Nurses' Associated Alumnae, with special reference to the changes in the by-laws that are to be made next year. Miss Damer is one of our best parliamentarians, and her recommendations are sure to be based upon good business principles and wise common-sense.

IMPORTANT MEETINGS IN PITTSBURG

WITH October organization work begins, and the first important meeting is that of the Pennsylvania State Nurses' Association, to be held at Hotel Schenley, Pittsburg, Pa., on Monday and Tuesday, October 5, 6. The programme given in another column shows that the Committee of Arrangements are making every effort to render the sessions both profitable and entertaining.

We claim the privilege of giving to the nurses of the outlying districts in the State a word of advice: Do not wait until the hardest of the work is done before you move or show your interest. The most exciting place in this procession is to ride in the band-wagon. You want to be there. It is the influence of the nurses from the small towns and country districts that will pass your bill. This is a matter that concerns the State of Pennsylvania, not any one city or any exclusive group of people. There must be leaders, but the leaders can do nothing without followers and supporters, and in every remote corner of the State they must have lieutenants, trustworthy and loyal, to move quickly and intelligently at a given signal. You cannot be in touch with this great movement without attending the meetings, and you will never regret any effort or sacrifice that it may cost you to be present.

Do not stop to ask, "What good is this all going to do me?" be satisfied that someone who is to follow you will reap the benefit.

CONGRESS REPORTS

WE neglected in our comment on the Buffalo Congress Report in the last number to mention that these reports are now in the hands of Miss Tamar E. Healy, 160 Joralemon Street, Brooklyn, and that the cost is one dollar and twenty-five cents each. By the prompt purchase of the books now in Miss Healy's keeping the Alumnae Association will be relieved of an embarrassing debt. Every alumnae association can at least present a volume to its training-school library.

THE SUPERINTENDENTS' CONVENTION

FOLLOWING the Pennsylvania State Nurses, the American Society of Superintendents of Training-Schools for Nurses convenes on Wednesday at the same place—Hotel Schenley, Pittsburg—for a three-days' session. The only formidable thing about this society is its name. The members are all friends, the membership, compared with the alumnae and State associations, being small, and the personal element enters into the occasion in a manner that lends great charm. Old friends are meeting and new friends are being made, while all discuss those problems peculiar to the work in which they are engaged.

There promises to be an unusually large attendance of the older members this year, and the programme offers great inducements to every member to be present. The meeting coming so early in the month, we hope to be able to publish the secretary's report and some of the papers in the November JOURNAL.

CHANGE OF DATE

We call especial attention to the date of the Superintendents' meeting—October 7, 8, 9, Hotel Schenley, Pittsburg, Pa.

NEW YORK STATE

At the last annual meeting of the New York State Nurses' Association, held in Albany in April, an amendment to the by-laws changed the meetings from quarterly to semiannually, and on the third Tuesday, the twentieth, of October the first semiannual meeting will be held in the Academy of Medicine, New York City.

The Board of Nurse Examiners having held its first meeting with the College Committee of the Regents of the University on September 15, the report of this board will be looked for with great interest. Something more in detail of what registration is actually to mean in New York State will be expected, and undoubtedly by that time definite lines will have been agreed upon.

This year New York has it, the president, secretary, treasurer, and chairman of the Committee on Credentials being all residents of that city. The attendance should be large, and up-State members should make it a point to be present. With the passage of the bill the work of registration is only just begun, and to continue to do effective work nurses all over the State must keep in close touch and sympathy.

MAKE APPLICATION NOW—REGISTRATION BEGINS IN NEW YORK STATE

We publish in the department of Official Reports the announcement issued from the Regents' Office, Albany, of the organization of the Nurse Board of Examiners, and we wish to impress upon the nurses of the State the importance of applying at an early date for the application blanks. The clerical work which the execution of the new law will involve in the Regents' Office will be great, and there are questions of finances and service which cannot be determined until the secretary has some idea of the number of applications that will have to be considered.

Let it be clearly understood once more that nurses in good standing, holding a diploma from an approved school for nurses giving at least a two-years' course, applying within three years, will be granted a certificate of registration by the Regents of the University *without taking an examination*, provided they comply with all of the conditions set forth in the application blank, and it will facilitate the work for the Regents' Office, and also of the Board of Examiners, to have the registration of these graduates gotten through with as quickly as possible.

The method of procedure is very simple. Send a letter to James Russell Parsons, Jr., secretary, Regents' Office, Albany, N. Y., asking for application blank for the registration of nurses. Be quite sure the letter is dated, that the name is plainly written, that the address gives street number, city or town and county, and comply with every condition called for before returning the blank to Mr. Parsons at the Regents' Office. Then wait patiently for results and watch the pages of this

JOURNAL for information in regard to the progress of the work of registration. It stands to reason that if two thousand nurses apply the work will be comparatively easy, but if, as we are told, there are eight thousand nurses in New York City alone, it may take the entire three years to get through the list.

Make application now. The blanks are ready and there is nothing to be gained by delay.

INSTRUCTION TO PRACTICAL NURSES

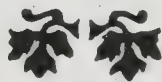
THE instruction to practical nurses is made quite plain in the official announcement. The practical demonstration is intended to show the applicants' manual dexterity in performing certain duties, without which any amount of theoretical knowledge is valueless in a nurse, but as the first of these examinations will not be until June, we will give more detailed information in a later number. Nurses intending to take the examination in practical nursing should apply for the blank in the same way as that prescribed for the graduates. The Regents' Office needs to know at an early date how many nurses will come up for this examination in June.

NOT COMPULSORY

REGISTRATION is not compulsory. If a nurse does not care to register, she can practise nursing just as she has always done, but the use of the title "R. N." will in time be the distinguishing mark between the nurse who is trained and the one who is not trained, and by applying now no examination is necessary for graduates in good standing to secure the right to use the title.

MISS BARNARD RESIGNS

WE regret to announce the resignation from our staff of collaborators of Miss Helena Barnard, Johns Hopkins Hospital, who is living, as she says, "out of touch" with nursing interests, and is consequently unable to take that active place in the JOURNAL work which she feels the position calls for. Miss Barnard has been and will continue to be one of the JOURNAL's warmest friends and promoters, and we hope at some future day to place her name again in our pages.



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WHAT SCIENCE IS DOING FOR THE LEPER

By MARY MOSS

Philadelphia, Pa.

No ONE with capacity to thrill at courageous deeds should undervalue the sacrifice of Father Damien, but it has been softly whispered here and there that if the devoted Belgian had taken a little more stock in mundane precautions, refrained from eating out of the lepers' dishes and sharing their sleeping-quarters, his precious life need not necessarily have been sacrificed. Although occasionally enthusiasts elect to live—and die—in some distant leper colony, even among nurses there is an exaggerated horror arising from the terrifying legendary associations. More than one girl who unquestioningly serves her shift in crowded consumptive wards would hesitate at rendering the smallest service to a leper.

Although fully imbued with every popular superstition on this subject, I could not resist an opportunity to examine the government hospital in Spanish Town, Jamaica, where some three hundred cases of this disease are segregated. Primarily, of course, the object of the hospital is to segregate them from the community at large, as even the firmest believers in its non-contagious character do not advocate allowing ignorant and careless lepers to roam at large. In Jamaica incarceration is compulsory for all cases unable to furnish security that the strictest precautions shall be observed at home. The secondary object is to facilitate study of the etiology of this unconquerable scourge.

The doctor in charge, a vigorous young Jamaican of Scotch parentage, himself drove us out a long, white road, stretching indefinitely through scrub woods and logwood groves away from all habitations into the flat, dusty country. Finally we drew up before a gate in a high brick wall evidently surrounding many acres of land. In answer to the doctor's summons the folding wings were thrown open by a leper; in fact, all

the work of this establishment, except that of the doctor, his assistant, and a chemist, is portioned out among the inmates.

Inside was a grassy inclosure shaded by large, unfamiliar trees—cottonwoods, mangoes, breadfruits; scattered about were pavilions, either open at both ends or with one side of columns, not solid walls. Immaculate whitewash and the universal polished hardwood floor of Jamaica gave an air of dairy-like cleanliness. The small white beds were empty, the patients sitting here and there or strolling under the trees. It is better not to describe those battered derelicts, who show less semblance of humanity than the gnarled, misshapen sting on an oak-tree. Some had hands and feet, some had not. It was the same with faces. Yet to the doctor's genial, "How are you to-day?" each answered cheerfully in the hoarse, characteristic leper's voice, "Not too bad, massa." Then would follow a little matter-of-fact conversation about symptoms, never a complaint. Soon we were followed by a friendly troupe of such as could hobble, one stalwart fellow carrying on his head a great basin of disinfectants. Whenever the doctor touched a patient, instantly, with the mechanical movement born of infinite repetition, he washed his hands.

In the women's division we found the same cleanliness, the same absence of complaint, the same spectres.

Three sisters, whose collapsed figures and strange, leonine facial deformity showed an advanced stage of illness, looked like fabulously ancient crones; the eldest was but twenty-seven. One woman was squatted on the floor, crooning Heaven knows what African incantation.

"Well, Sarah," asked our guide, "what have you in that jug?"

"Oh," she answered gayly enough, "massa doctor knows. Day hot; thunder-ball keep drink cool."

A thunder-ball the doctor explained to be a smooth, round stone, the possession of which in the negro imagination is the equivalent of unlimited free ice tickets.

In a community of this kind, where many patients come in the initial stages, suffering no pain and little discomfort, with a possible fifteen years of life ahead, occupation is a necessity. So, as there is no fear of their contaminating one another, all cooking, cleaning, even much of the nursing, is done by the lepers, and still there is too much idleness. Feeling this, Dr. N. not only sees to their physical comfort, and keeps himself abreast of the latest scientific experiments, but has time and spirit to remember that each outcast has human need of daily interest.

To lessen the dreariness of their lifelong leisure he has turned farmer, and teaches them to raise fruit and vegetables, which they sell—

quite harmlessly—to the hospital. His questions showed him wonderfully in touch with the work of each patient, remembering without fail who had planted yams, whose plantains were hopeful, who was the proud owner of a clump of tobacco. Seeing this content, it was hard to realize that under a former administration the inmates occasionally grew unmanageable. There is a shocking story of a riot, when, led by a half-mad cripple, the whole colony got out of hand, threatening to escape. The Royal Jamaican Constabulary were called in, but their chief, an Englishman who might have sat as model to Kipling or Ouida, recounted with much simplicity, “Being afraid my men might club the poor devils, I tried to capture the ringleader myself!” A powerful negro, this wretch fought desperately, but the chief was strong enough to master and thrust him into a punishment cell, and would have closed the door on him but for the man’s poking his stump of a wrist through the crack. Crushing would not have been painful, owing to the anæsthetic character of leprosy in certain phases, but the Englishman couldn’t bring himself to shut the door on flesh and bone. In the tussle that followed before the rebel was overcome he attempted to bite through the chief’s thick uniform. Failing this, he made efforts in another direction, hissing out: “I’ll spit in your eye! I’ll make you a leper like me!” And all this was told so simply! It was just in the day’s work, ordinary, paid professional service, without an idea of heroism. Before my visit was over I saw an example of the power which remains to cripples who seem hardly strong enough to live another day. At the door of a great, mediæval-looking cook-house we were joined by an East Indian cooly man, straight-haired, straight-featured, with no visible mark of leprosy. He was half stripped, and ran towards us like a frightened partridge, pouring out a voluble flood of his native language. Listening with a smile, the doctor interpreted: “Jotân has given him a licking. Poor old man, he’s really out of his head, but I can’t bear to shut him up. He ought to be harmless enough. You wouldn’t think he could tear the clothes off this fellow’s back.”

Just then we heard cries that could only be called blood-curdling, and a horror scuttled into view—a fierce old man, not disfigured, but wasted, his body contorted to the shape of an inverted W. Half sitting, nearly naked, he crossed the grass at an incredible pace, his sunken eyes glowing with hate, and screaming out a torrent of curses, the exact meaning of which was luckily veiled in Hindoostanee. Once in a while, as if fearing we might miss his intention, he would ring out the words:

“Blood! Blood!”

It was no wonder his quarry fled up some steps which Jotân’s ankylosed joints could not mount.

A pretty little mulatto boy not fourteen, with no outward blemish, shyly whispered to the doctor, who answered,—

“By all means, Quasshie, show the visitors your costumes.”

Then they led us to another pavilion, bright with the inexhaustible sunshine, and from a great chest this hobgoblin crew pulled out gay cotton robes, tinsel crowns, and a sceptre.

“It’s ‘Richard the Third,’” murmured the doctor. “They played it at Christmas. Yes, I drilled them myself and designed the clothes; they sewed them.”

“Missus, I was de queen,” said a faceless creature with happy pride. (“He wore a mask,” whispered the doctor.)

One limped forward, saying, “I was de Duke ob Buckingham.”

“Dis is de king’s crown; I wore it.” This player lacked hands, but managed, with stumps, to hold out the crown for us to admire.

Quasshie, the pretty little mulatto boy, roguish, merry, doomed, had been cast for a messenger.

The patients seemed as little conscious of misery as the doctor of danger. Nothing could have been more matter-of-fact. His business was to study the disease and care for its victims, that was all. Moreover, the experience of many years convinced him that intelligent precautions minimize the chances of infection. Dr. N. has not yet discovered the bacillus of leprosy, but declares that he lives in hopes of doing so, and perhaps living in hopes may be, on the whole, as helpful to the lepers as dying for them.

FEEDING AND THE USE OF RESTRAINT IN CARING FOR THE INSANE

(Continued from page 4)

BY FLORENCE HALE ABBOT, M.D.

Resident Physician, Taunton Insane Hospital, Mass.

SECOND PAPER—RESTRAINT

THE question of the use of restraint in the care of the insane is one about which there has been and still is a great deal of discussion. In former days much restraint was used, and that very inhuman and often unnecessary. Let us be thankful that the days of the chain and the anklets are forever gone in all civilized countries. Many authorities hold that no mechanical restraint should be used, and rely entirely on the strength, forbearance, and even temper of attendants and nurses in controlling violent or suicidal patients. Others hold that manual restraint allows opportunity for, and even invites, abuse on the part of

the attendants towards their irresponsible but oftentimes very trying charges. Manual restraint of excited and violent patients often makes them worse, and they struggle more than they would if safely secured by some harmless but effective mechanical devices. The golden mean between artificial and purely manual restraint seems to many the safest. It is certainly rarely feasible to care for homicidal and suicidal patients in acute stages of disease without other restraint than manual, as it is seldom possible to afford the number of attendants necessary to keep the patient from harming himself and others. An excited patient will easily exhaust two or three strong nurses if they are not allowed to use mechanical restraint.

Restraints are indicated and advisable in the following cases:

In acute maniacal conditions, where patients are rapidly exhausting themselves by their constant motor activity, strength may be preserved and the patient tided along until the mental excitement subsides. In depressed conditions where the patients have active suicidal tendencies it is often the only way to save life, since such a patient can and will take his own life if vigilance is relaxed for an instant unless he is secured in some safe restraint.

For the patients who are habitually violent, seclusion in rooms by themselves is often bad, and by judicious use of restraint when their violent tendencies are manifested they can be kept safely among others.

Self-mutilation, habitual and constant masturbation, destructive tendencies, and denudation of the person often call for some form of restraint to protect the patients from inflicting serious injury upon themselves. Old and feeble senile cases who are restless often need some mild form of restraint to prevent them from getting out of bed, falling on the floor, and breaking bones or inflicting serious bruises.

The suicidal and exhausted cases are often restrained in bed by either the so-called bed harness or bed sheets. A bed harness consists of a leather pad to which are attached strong webbing bands, which are fastened to the sides of the bed by strong ties. A waist-belt is secured to the leather pad and buckled about the patient. Shoulder-straps also pass from the leather pad over the shoulders of the patient and are fastened to the waist-belt. Padded anklets attached to the webbing bands secure the feet in position but allow considerable freedom of motion. Before placing the patient in such a harness it is necessary to put on a light camisole, so that the hands may be tied to the side of the bed. Patients are generally comfortable and safe in this restraint, but it is complicated and easily broken and often gets out of repair, so that many institutions prefer a bed sheet.

This is a stout canvas sheet, cut a little larger than a single bed,

made double, and stitched firmly about the edges. Along the sides and ends are placed at intervals of eight to twelve inches strong ties or heavy tapes, by which the sheet may be fastened securely to the rails of the bed. At the top of the sheet a semicircular piece is hollowed in to allow the patient's neck to pass out. To the end of this sheet and stitched in firmly along the front of the neck and body part is a camisole. This camisole is first put on to the patient, laced up, and the arms secured to the side of the bed by ties through the eyelets in the ends of the sleeves. Then the sides, top, and bottom of the sheet are tied securely to the bed-rails by the firm tapes. In this restraint soiled linen may be changed by loosening the lower half of the sheet only. By fastening both arms to one side of the bed a change of position may be secured. This is, of course, a great advantage if patients are restrained long at a time.

A camisole is used generally for violent and destructive patients, or for able-bodied patients whose tendencies are actively suicidal, and yet who do not need bed restraint. It consists of a fitted waist, generally laced in the back, with long sleeves which extend over the hands and are closed at the ends. Eyelets are placed in the ends of the sleeves so that the arms can be crossed and secured by tying behind the back if necessary. This camisole may be made of soft canvas, stout unbleached muslin, drilling, or denim, and should be made double, the seams turned in so there will be no scratching, and firmly stitched, especially around the neck. It should fit well but not tightly.

For destructive patients who tear ordinary clothing princess dresses with closed sleeves, made of stout linen, denim, or soft canvas, are often used. These should be buttoned or laced behind.

All patients who are in restraint require special attention on the part of the nurse. They must be bathed frequently and rubbed daily with alcohol and their backs powdered. The underclothing and bed-linen must be kept perfectly clean, smooth, and dry. If the patient become soiled by feces or urine, he should receive attention immediately and the greatest care should be taken in cleansing and drying the parts thoroughly. The danger of bed-sores is always present, especially in old patients who are confined to bed for long periods at a time. A lotion made of tannic acid dissolved in equal parts of alcohol and water is of great use in preventing the breaking down of the tissues where there is continuous pressure.

For patients who are restrained in bed a frequent change of position is necessary to make them comfortable and prevent pressure sores. The nurse should never lose sight of the fact that restraint is only to be used when needed and by a doctor's advice, and that it should always be made

as comfortable as possible and taken off as soon as consistent with safety.

In the feeding and care of the insane infinite pains, tact, faithfulness, and patience are needed. No nurse should undertake such care with the anticipation of success unless she is willing to give these in full measure. If she does bring such qualities to the work, success is assured, and she will earn the gratitude of patients, friends, and the physician for whom she nurses.

MOUTH-BREATHING—ITS INJURIOUS EFFECTS

By JOHN O. ROE, M.D.

Rochester, N. Y., Ex-President of the American Laryngological Association; Corresponding Member of the Société Française d'Otologie, de Laryngologie et de Rhinologie; Member of the British Medical Association; of the American Climatological Association; Laryngologist to the Rochester City Hospital, etc.

THERE is no perverted function attended with so many ill effects, and none persisted in so continuously and with as little concern, as that of mouth-breathing. In proof that man was intended to be a nose-breather we might cite the authority of divine writ, when it says, "The Lord breathed into his nostrils the breath of life," which shows that the ancient Jews had a proper conception of the nose as a divinely appointed organ of breathing.

The scientific proof that man was intended to be a nose-breather is deduced not only from the ill-effects resulting from mouth-breathing, but also from the important physiological functions that the nose performs in the animal economy.

The four principal functions performed by the nose are that of smelling; that of filtering or separating from the air we breathe foreign substances; that of imparting moisture to, and that of modifying the temperature of, the respired air.

The sense of smell performs a most important physiological function in protecting us from the poisonous emanations that contaminate the air. Without the sense of smell, the absence of which in our cities might frequently be regarded as desirable, we might unconsciously fail to be warned against unsanitary conditions, such as the escape of illuminating gas in our rooms, coal gas from our furnaces, noxious gases from our sewers, all of which are deadly poisons, as illustrated by the frequent deaths from such causes. Thus when the sense of smell is destroyed by diseased conditions, or the nasal passages are obstructed, we not only

lose the protection which this sense gives us, but we are denied the pleasures of delightful odors as well as the savory flavors of our foods and wines, which contribute much to the happiness of life and thus indirectly to the health of the individual.

The part that the nose performs in straining the air of dust, germs, and other foreign substances is a very important one, for air, containing, as it does, germs in large quantities, is freed from them when it reaches the windpipe, while the front part, the vestibule of the nose, is found swarming with these germs that have been arrested there. The importance of this is further shown by the fact that there is contained in the amount of ordinary air in our densely populated cities inhaled during one hour from fifteen hundred to fourteen thousand germs, and also by the fact that this air after passing through a normal nose and reaching the lungs is entirely freed from these germs. The office of the nose in filtering the air, and thus excluding dust and other foreign substances from the lungs, is consequently of the greatest importance in the prevention of pulmonary diseases.

The imparting of moisture to the air, when too dry for respiration, is also a very important function of the nose. The irritating effect on the throat and lungs of too dry an atmosphere is generally understood, and for this reason various devices are in use for imparting moisture to the furnace-dried atmosphere of our houses. Persons who breathe through the mouth, however, suffer from irritation of the throat and lungs from this cause in a much greater degree than nose-breathers. This is accounted for by the fact that in a dry atmosphere during each twenty-four hours about five thousand grains of water, or over ten ounces, are by the vascular tissues of a normal nose imparted to the air that passes through it on its way to the respiratory organs below. This supply of water given out by the nose is, however, regulated by the vasomotor or sympathetic nerves so as to meet the requirements in different cases, since the supply is varied according to the different degrees of humidity of the atmosphere, and also according to the readiness with which the nasal supply itself is taken up by the air as it passes through the nose.

Moreover, the temperature of the inspired air is modified, so that by the time it reaches the lungs, no matter how extreme the heat or cold of the atmosphere may be, it is brought to a healthful temperature for inhalation. We can, therefore, very readily understand the ill effects that sooner or later must be caused by mouth-breathing, in consequence of which we fail to obtain the benefit of the physiological functions that the nose performs. With the substitution of oral for the normal nasal respiration the air we breathe has no filter with which to free it from

dust and germs, nor is the air modified by having moisture and warmth imparted to it. As a result of mouth-breathing the throat becomes dry and irritable, the larynx irritated, attended with hoarseness and cough; the person is made more susceptible to colds, and a general catarrh of the throat and bronchial tubes and often asthma are caused thereby. Nor does it stop here. The deeper air passages and lungs thus irritated and diseased become an excellent feeding-ground for the consumption germ, and consumption is but the natural and frequent termination of this condition.

Mouth-breathing, therefore, may be regarded as one of the principal predisposing causes of consumption, while nose-breathing is the natural safeguard for its prevention. In children, and in adults too, various spasmodic affections of the larynx are induced by this long-continued irritation. The distressing and often alarming condition of spasmodic croup, or laryngismus stridulus, coming on during the night is almost invariably the result of mouth-breathing. Persons who breathe through the mouth do not experience the delights of "Nature's sweet restorer, balmy sleep."

Few people who breathe habitually through their mouth during the entire night will admit or believe that they do so or that they snore, because they are convinced that they go to sleep with their mouth closed and instinctively close it on waking; but the fact is, nevertheless, verified by the dry throat, parched tongue, bad taste in the mouth, general lassitude, and lack of the refreshed conditions of the nose-breather. There are none, however, that suffer so much from this perverted function as children. The first inspiration of a new-born babe is through the nostrils, and cases are known of infants suffocating because the nostrils were occluded. Mouth-breathing, therefore, is an acquired habit; and man and his boon companion, the dog, who occasionally tries to imitate his master's example, are the only animals that acquire this habit, the injurious effects of which should be more widely known and guarded against.

It is a singular fact that the North American Indians are more alert to prevent this perversion of a normal function than their civilized brethren. Among the earliest tribes of American Indians it was found that nasal respiration was religiously cultivated from the instant of birth, and the Indian mother watching over her infant, no matter whether asleep or awake, invariably closed the infant's mouth, so that Nature's law might become a fixed habit throughout its life.

The disturbing effect of mouth-breathing during sleep is clearly illustrated by the tossing about of the person or the child at night in the effort of Nature to obtain more air, which is always deficient in amount

in mouth-breathing. From this cause alone much anæmia, debility, neurasthenia, and nervous prostration result.

The injurious effects of mouth-breathing are not only emphasized by the conditions already enumerated, but in children its effect is very apparent in their development. From this lack of air and of oxygen the child's growth is impaired. The chest is imperfectly expanded and prevented from obtaining its normal dimensions, and thereby becomes abnormally contracted. The condition termed "pigeon" or "chicken-breasted" results from this cause. The abnormal physiognomy of the child resulting from its continued open mouth is also very pronounced. Not only does the child acquire a vacant, idiotic expression, but the nose and also the central portion of the face fail properly to develop. The nose thereby not only remains small and contracted, but from lack of use, like an abandoned road overgrown with weeds and bushes, the nasal passages become filled in and obstructed. The end of the nose frequently becomes abnormally enlarged and the condition termed "pug nose" results. It is also observed that the development of the brain is markedly interfered with from its dependence upon the development of the central portion of the face.

The influence of this habit on the teeth is also marked, for during development the constantly closed jaws make them assume a regularity which is rarely seen in mouth-breathing children, but which is a feature to be admired in the Indian, who has the most beautiful mouth in the world.

From the lack of development of the nose the arch of the hard palate, or roof of the mouth, also becomes abnormally high, compelling the incisors, or front teeth, to project unduly, a sign altogether too frequently seen of the parents' neglect to properly attend to the conditions necessitating mouth-breathing during infancy and childhood.

Catlin in his observations of the native races of North America attributes their fine physical development quite as much to their habits of nasal respiration as to their outdoor life. He says, "The Indian warrior sleeps and hunts and smiles with his mouth shut, and with seeming reluctance opens it even to eat or to speak." In summing up his observations on this subject he says, "If I were to bequeath to posterity the most important motto which human language can convey it should be in three words, 'Shut your mouth.'" The truth of this motto cannot be too forcibly impressed upon the minds of all.



HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 24)

VI. THE FUEL FOODS—CARBOHYDRATES

A LUMP of sugar or of starch bears little outward resemblance to the coal that we burn in our stoves or to the wood that gives the cheerful blaze in our fireplaces; yet the sugar and the starch serve much the same purpose as do the wood and coal, and to the wood they bear a close relationship.

The process of oxidation, or burning, is essentially the same whether it be carried on in the stove or in the body. In either case the carbon and hydrogen of the fuel unite with the oxygen of the air to form carbon dioxide and water, and this chemical change produces heat. In one case the union between the elements is so rapid that light also is produced; in the other the combustion is slow; but the total amount of heat is always the same for a given amount of carbon oxidized, whether the combustion be slow or rapid, or whether it take place within the body or without.

Sugar and starch are the most important representatives of the class of fuel foods that we call carbohydrates. The name comes from the fact that these substances are composed of carbon and of the elements of water, hydrogen and oxygen, in the proportion in which they are found in water.

The following classification of the principal carbohydrates will help us to understand and remember them:

STARCH GROUP.	SUCROSE, OR CANE-SUGAR GROUP.	GLUCOSE GROUP.
$(C_6H_{10}O_5)_n$	$C_{12}H_{22}O_{11}$	$C_6H_{12}O_6$
Starch,	Cane sugar, or sucrose ;	Grape sugar, or dextrose ;
Dextrin,	Milk sugar, or lactose ;	Fruit sugar, or lævulose.
Cellulose,	Malt sugar, or maltose.	
Glycogen,		
Gums.		

Starch is wholly a vegetable product, and is built up by green plants from the carbon dioxide of the air and from water. It is found in the cells of plants in the form of small grains varying much in size and appearance. So characteristic is the appearance of the starch from different sources that the grains are readily identified under the microscope.

Starch-grains from the potato show a series of concentric markings, and look almost like tiny clam-shells; corn-starch is angular in form, and many of the grains show a distinct cross upon them; wheat-starch presents a great variety in size, but the form is generally oval.

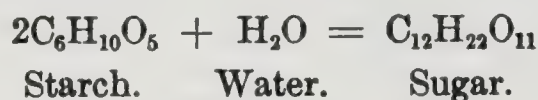
If cooked starch be held in the mouth for a few minutes or chewed it becomes distinctly sweet in taste, owing to the fact that the saliva has the power of changing it into sugar. Starch may also be changed into sugar by certain ferments, like diastase, which cause the malting of the grain in the first process of beermaking, and by the action of acids with heat. An illustration of this action is sometimes observed in cooking when lemon-juice or vinegar has been combined with corn-starch or flour and water and heated. If the cooking be prolonged, the thick mixture often suddenly liquefies from the change of the starch into sugar.

Dextrin is an intermediate product whenever this change takes place. Its formation is one of the first steps in the process of starch digestion. The "predigestion" of certain patent cereal foods consists of the more or less complete change of the starch of the cereal into dextrin and sugar. The simplest way to distinguish dextrin from starch is by the iodine test. A drop of iodine solution added to starch gives a blue color, while with dextrin it gives a red about the shade of port wine.

Glycogen is the form in which carbohydrate is stored in the liver for the use of the body. It is given off to the blood in the form of sugar as it is needed for use.

The gums of the starch group are numerous. Perhaps pectose, the substance that makes fruit jelly "jell," is as important as any from the food standpoint.

The cane-sugar group bears a definite chemical relation to the starch group, which may be roughly expressed by the formula



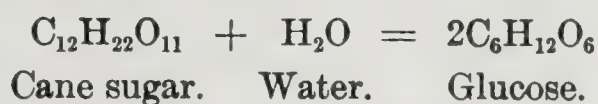
With cane-sugar we are all familiar in the ordinary commercial sugar, the product chiefly of the sugar-cane and of the beet-root. Contrary to the popular impression, the finished product from these two sources is identical. The sugar of the maple is also cane-sugar.

Lactose, the sugar of milk, though having the same composition as sucrose, or cane-sugar, has different chemical properties. It is supposed to be the most digestible of the sugars.

With maltose we are most familiar in malt, a product of the fermentation of the starch in barley or other grains. Maltose is also one of the sugars formed in the process of starch digestion and as a result of the first chemical changes in the making of yeast bread.

The glucose group of sugars is represented chiefly by two substances whose names mean the right-handed and left-handed sugars, because, though these sugars are otherwise identical in composition, when a ray of polarized light is passed through their water solutions dextrose rotates the ray to the right and lævulose to the left. Grape-sugar is found abundantly in the grape, and is the sugar so often found in crystals in raisins. Fruit-sugar, as its name implies, is abundant in most fruits. Glucose is used somewhat loosely to mean either grape-sugar, or a mixture of grape- and fruit-sugar. Commercial glucose is obtained from starch by treating it with acids.

Cane-sugar may also be changed into a mixture of dextrose and lævulose by the action of acids in the presence of moisture and heat, and is then called invert sugar. When in making candy we add vinegar or cream of tartar to prevent the candy from crystallizing we are inverting a portion of the cane-sugar, or changing it to a glucose sugar. We might express the change in this way:



(To be continued.)

SOME COMMON POINTS OF WEAKNESS IN HOSPITAL CONSTRUCTION *

BY ANNIE W. GOODRICH

Superintendent of the Training-School, New York Hospital

IF it be true that, despite the most careful revision of plans by Directing Boards, Medical Boards, and officials, a building is rarely erected that does not immediately upon occupancy show most incomprehensibly glaring defects, and that limited funds not infrequently necessitate arrangements which it is perfectly understood will have to be replaced in the near future at double the cost, it is also true that many of our recent buildings, richly endowed or otherwise, present to the critical eye of the practical worker a similarity of defects which would be avoidable without an increase of the initial expense, and an elimination of which would greatly facilitate the economical running of the most expensive plants which the public are called upon to maintain. Time and the immensity of the subject forbid an attempt to compare the

* Read at the tenth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, October 7, 8, 9, 1903.

advantages and disadvantages of the different arrangements of even those hospitals which we have been able to inspect, interesting as such a discussion would be. Neither do I propose to more than touch upon the major essentials, site, architecture, etc.

As continual growth is the history of every successful hospital, forms of architecture which will not lend themselves to extension without excessive cost would seem to us defective. As the most perfectly constructed plant would be one that with the smallest possible force would minister most effectively to the needs of the patient, so exteriors which do not allow of balconies or roof gardens, pavilions not connecting except by stairs or uncovered alleys, with long intervening corridors, and kitchens and laundries not communicating with other departments by dumb waiters or elevators, are certainly open to criticism.

Concerning ventilation and plumbing we have little to offer, but we would call attention in passing to a few points.

A plan of ventilation much in vogue is the throwing in of fresh hot air from above by fans, the outlet for impure air being from below; but a deposit of soot from the ceiling downward, and a draught necessitating a screen around each bed, makes one doubt the perfection of this system. Neither have we ever seen it prove an adequate means of heating, unless with the assistance of steam.

The necessity for the laying of steam-pipes and of having all pipes easily accessible would hardly seem to require mention. But in view of the fact that in a very recent building a very large number of pipes would have been enclosed in plaster but for the timely interference of an official not actively engaged in hospital work, and that in another hospital steam-pipes had not been carried even to the operating-room, it is proper to indicate the occurrence of such errors.

Windows placed at such a height that a patient sitting, or lying in bed, is unable to see out is an unnecessary deprivation to them of what would be a great source of diversion. As a prevention of accidents or suicides high windows are useless. Ornamental but secure gratings would not only serve the purpose far better, but are absolutely necessary in every window, high or low.

A satisfactory flooring that is inexpensive has yet to be found. Terazzo, which cracks; cement and similar forms of flooring, which are ugly and always unclean in appearance; cheaper woods, which hardly seem sanitary and have a tendency to warp and stain, are the floors most frequently used. Speaking from the standpoint of practical experience, we firmly believe that tiling, marble, mosaic, or the very expensive wooden floors, great as is the initial cost, are sufficiently satisfactory and durable to be really economical in the end.

Methods of lighting and of cleansing operating-rooms are to our minds still unsolved problems. In some hospitals abroad, we understand that after every operation, or at the end of each day, the rooms are closed and subjected to live steam. This would seem to be a thorough way of treating rooms used for septic cases. Too many of our operating-rooms do not even boast of a drain which will allow of their being flushed with water or disinfectants. Proper and convenient adjacent rooms for the attending staff, house staff, the preparation of dressings, and closets for supplies, are the exception, not the rule.

Wards in which the accessory departments, such as dining-rooms, lavatories, and pantries, are not immediately adjacent on account of intervening halls, or that are limited in size, or where rooms for convalescent patients, steam disinfecting, and drying closets are omitted, are poorly planned. But the greatest general defect is the inadequate apparatus for the cleansing and disinfecting of ward utensils and linen.

As an illustration let us speak of typhoid. A query as to the theory taught in our training-schools concerning the disinfection of all articles used in connection with typhoid patients elicits a reply which scarcely varies by a word. An answer to the query as to the carrying out of such theory would scarcely differ but for a not unnatural dislike to acknowledge how inadequate are the means. A typhoid is only one, and perhaps the least objectionable, of the communicable diseases which are to be found in our general wards, we cannot advocate too strongly methods which will perfectly protect the patients who are under our care. Elaborate bathtubs, closets, and washstands are always found, while slop-sinks are frequently and disinfecting tanks almost invariably omitted.

The disinfectant which was satisfactory yesterday is useless to-day, but on the efficacy of sterilization we believe all authorities are agreed. Therefore, in our lavatories, a very simple and a very possible way, and also a method which would be an economy in both time and material, would be to carry live-steam pipes into our disinfecting tanks, so that all utensils used in connection with the patient could be sterilized, as personally we believe they should be whenever used. As blood-stains and excreta are not indelible if not allowed to dry before boiling, the advantage of the immediate sterilization of the linen would be twofold: the removal of all source of danger and the prevention of discoloration.

I do not recall ever having seen a satisfactory arrangement for storing and preparing the ice for external use. Certainly the dining-room or pantry table is not the place to refill an ice-cap that has just been removed from the patient.

Another not unimportant oversight, when so many conditions are treated by baths, is the failure to arrange for emptying and filling por-

table tubs. A convenient and cleanly arrangement is a marble slab in the floor of the lavatory or some adjoining room with a depression in the centre converging towards the drain and faucets sufficiently high to allow of tubs being placed under them.

How rarely are closets for patients' clothing built in close proximity to the wards, with proper means for ventilation and sufficiently large not to ruin the patients' clothing. Almost invariably these closets are small, are sometimes placed in the basement, and not infrequently even are omitted.

While a few recently built hospitals have arranged for a dining-room and pantry in connection with each ward, very many still omit the former and set aside a space for the latter which is much too small to allow of proper china closets, steam-tables, refrigerator, and sink. We think too it is equally as necessary for the sake of perfect cleanliness that here again arrangement should be made for the boiling of all utensils. It would certainly do away with the necessity of isolating certain patients' dishes, a precaution which we often feel upon thorough inspection to be of little real value.

The sins of omission in the children's department are numerous. A hospital that pretends to care for children, and then provides neither sun-parlor, roof-garden, nor recreation-room, or that desires a good service and then fails to provide observation-wards and temporary isolation-rooms to prevent the continual closing of the general wards because of contagion, is at least short-sighted. But the omission to provide a room where the surgical cases can be treated individually is almost inhumane, and would never be repeated by those responsible for the omission if they could once see the almost frenzied condition to which the little sufferers awaiting their turn are reduced by the screams of the child under treatment.

The advantage of arrangements in the basement, or at least outside the ward, for the removal of clothing and bathing of patients on admission are too obvious for their omission to be excusable. Yet absent they are. We again call attention to the disposition to omit all sinks and other apparatus for cleansing and disinfecting, which are even more necessary here than in the wards.

A private patients' building in connection with any other department, such as the rooms for the staff or Nurses' Home, is a great and unfortunately frequent mistake. The most common cause of complaint on the part of the patient is that of excessive noise. Elevators should be noiseless, but they are always noisy. Halls should be kept as quiet as possible, but the omission of reception-rooms for friends of the patients, working departments for the nurses, and, above all, a room for the special

nurses on duty who are obliged to absent themselves temporarily from the patients' rooms, make them centres of much disturbance.

The advantage of lavatories for working purposes being separate from those for the use of the patients is quite obvious, but such an arrangement is rarely found. They should be placed in as inconspicuous positions as possible, but yet are not infrequently found in close proximity or directly opposite to the reception-rooms or elevator.

An important factor in the economy of labor is the placing of as many rooms on each floor as possible. A recent comparison of a certain number of rooms on one floor of one hospital with the same number of rooms on three different floors of another showed the necessity of trebling the nursing force in the latter case.

Such perfect plans for isolation wards have been conceived and carried out that a building excellently arranged for the isolation of two or more diseases, yet providing only one dining-room and pantry for all, seems inconceivable. We could, however, mention three hospitals in which this has occurred. Stress should be laid on the importance of having each ward and its accessory departments absolutely separate, with intervening passages and double doors and apparatus for steam disinfection on the premises. The diet kitchens have done such good work that their presence is generally assured, but the economical advantage of their being connected with the main kitchen is perhaps not always appreciated.

We could go on indefinitely mentioning and enlarging upon defects, but in view of the fact that long and able articles on all the different points of construction have apparently failed to prevent these defects we do not believe that pages of suggestions and volumes of plans would alone solve the problem. We do believe, and this article will have failed of its main object if we cannot induce you to believe with us, that wherever the responsibility may have lain in the past, we will have to assume a large share of it now. It is ours by right of experience. Starting from the lowest rung of the ladder, our hands have touched every department. We know, or should know, better than anyone else the needs of the patient from the standpoint of every condition and the standpoint of every class.

In the vast amount of matter with which the architect has to deal, details which to us are so important are to him of minor consideration. More than once when we have asked how such mistakes could have been made the answer has been, "Our opinion was never asked; we scarcely knew a building was in progress." We do not think the busiest superintendent should ever make this excuse. Hospitals did not call for training-schools; States are not calling for legislation. Our Patron Saint has

set us an example. In notes from a lecture on hospital construction given before the British Medical Association in 1869 by Douglas Galton, F.R.S., it is interesting to read that "amongst the publications on the subject, Miss Nightingale's 'Notes on Hospitals,' etc., may be mentioned as having contributed largely to the spread of sound principles of hospital construction in this and other countries." Our fight for recognition is a moral obligation. Of how much value to our nurses are our excellent theories if we do not see to it that proper means are provided for their execution?

From the moment that the idea of a new hospital is conceived or that extensive alterations are talked of, from that moment the superintendent of the training-school should commence to acquaint herself with every detail upon which she could possibly be called for advice. However great the demand upon her time may be, she must be awake to the fact that the best basis for her work will be the well-planned institution. Let her insist upon seeing the plans and upon getting in touch with those members of the board who are most directly interested in the building in the course of erection. She should visit as many institutions as possible with a view to widening her horizon.

Superintendents of training-schools are not architects, but as a condition of their being in the positions at all, good executives they must be, and as such they should use all available material to the best advantage. On every staff and in every training-school are men and women who are ingenious in just those details which would be important in certain points of construction. Let the training-school superintendent consult with them. Plans take weeks; construction takes months. She will have time, therefore, to anticipate the work of the architect and to follow step by step the course of construction.

Our predecessors fought for the establishment of the training-schools with not less of opposition than must be met by every new and untried scheme. If, in battling for legislation and establishing superintendents' courses and preliminary courses, we of to-day have been so busy that we have overlooked the tremendously important part the institution plays in the education of the nurses, or if in using the institution for the individual, we have failed to use the individual for the institution, we can but hope that our successors entering the field, equipped as we only wish we might have been, will be able to obtain recognition as authorities in hospital construction. Personally we have seen such a disposition on the part of the men and women interested in our institutions to listen to practical suggestions for their improvement, in their anxiety to have them minister perfectly to the needs of the sick while serving as educational centres, that we think their battle will be easy and that their victory is assured.

The difficulty of obtaining any compiled information on hospital construction suggests the value of a book containing the plans of the different hospitals in this country. Would it be possible for every member of this association to obtain the plans of the institution with which she is connected and to make notes on those arrangements which are particularly satisfactory or defective? A volume compiled in this manner would be of value, not only in the planning of new institutions, but as a reference-book for the different schools that are giving instruction on the subject in their preliminary courses.

THE DUTY OF THIS SOCIETY IN PUBLIC WORK *

By L. L. DOCK

A LONG paper on this subject is, naturally, not to be expected, but a few suggestions arising from the intimate following of the society's affairs during a period of seven-years' secretaryship may, perhaps, be useful, especially to those members who, from the compulsory absorption of their own urgently pressing duties, have not given special time or attention to the question of the character and efficiency of the society as a whole.

The question which instantly arises when one considers the society as an organization, and which arises constantly before the vision of those who conduct its affairs, is, "How to make the society more effective." If we compare in a historically impersonal manner the objects of the society, the women of whom it is composed, the training-schools which it represents, and the enormous *latent* power and influence which it possesses in these members, with the actual influence exerted and made manifest, we must confess that the society is not effective—at least, vastly less effective than might be expected of it. True, it has done some sporadic pieces of good work: it has planted and cultivated the Associated Alumnae, established the Teachers' Course, and assists in various good enterprises as they come along, such as congresses, etc. But to what extent is the society an influence? To what extent does it affect the public? How much does it actually guide nursing education? What weight has it with hospital managers and staffs? What amount of force does it bring to bear on its own members in questions of education, ethics, etc.?

* Read at the tenth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, held in Pittsburg, Pa., October 7, 8, 9, 1903.

An honest searching after true answers to all these questions will inevitably bring the admission that the society, in all these rather abstract but most important ways, has not done what it might do; has not made itself a moral force; is not a public conscience; takes no position on large public questions; is not feared by those of low standards; allows all manner of new conditions and developments in nursing affairs to arise, flourish, succeed, or fail without taking any notice whatever of them, apparently not even knowing about them. I am speaking—let me repeat—of the society as a body, not of individual members. Yet this society, as one body, would often be astonished at the actual extent and weight of its influence if its whole latent and at present unsuspected power were actually to be systematically exerted in an intelligent and energetic manner.

In the past no committee on current events—as one might call it—has ever existed, and the secretary has never been empowered to speak for the society, as it were, on public questions; yet several occasions have arisen in which your ex-secretary did upon her own responsibility undertake to speak for the society, the matters being such that she felt certain of the society's position, and the tone of the replies strikingly demonstrated the fact that the society possesses a latent strength which it does not wield often enough.

The present secretary can mention one or two instances which will illustrate. A practical suggestion seems to be that a small standing committee, carefully chosen, might be authorized to watch public events as related to nursing and to make the voice of the society constantly heard, whether in criticism, in commendation, in warning, or in petition. Many important developments are looming up. A complete revolution in methods of teaching nurses seems to be imminent. A quite determined movement on the part of certain elements of our masculine brothers to seize the helm and guide the new teaching is also most undeniably in progress. Several of these same brothers have lately openly asserted themselves in printed articles as the founders and leaders of that nursing education which, so far as it has gone, we all know to have been worked out by the brains, bodies, and souls of the women to whom this paper is addressed, and who have often had to win their points in clinched opposition to the will of these same brothers, and solely by dint of their own personal prestige as women.

The different State laws now in progress all vitally affect the nursing education of the future. This society ought beyond a doubt to make itself heard on all principles involving points arising in these legislative acts. It has also for some time been a vexed question in the mind of your ex-secretary whether glaring professional injustice and indignities

suffered by its members at the hands of political jobbers or overbearing medical or lay managers should be allowed to pass in silence, or whether the society should not, to some extent at least, resent or take cognizance of such incidents and exert some slight degree of protection of its members.

There is also the very delicate question of ethics as to one another which has been suggested to the writer by more than one active member, and that is how far a member of the society may feel justified in following another in a position where some question of principle was involved without first making it clear that the principle must be upheld?

These and other points I commend to the society in the hope that it may truly become an effective public force.

THE WORLD'S WAR AGAINST CONSUMPTION

(Continued from page 31)

STAMPING OUT TUBERCULOSIS IN NEW YORK CITY

BY GRACE FORMAN

Graduate of New York City Training-School.

NEW YORK CITY, or, rather, Manhattan and the Bronx, are divided by the Charity Organization Society into eleven districts, and from each district such tales of woe and misery resulting from tuberculosis poured into the central office that it was decided to inquire deeply into its causes and prevention. A Committee on the Prevention of Tuberculosis was formed, and our statistician has shown us that in New York thirty thousand die of tuberculosis annually.

Medical research has proved by autopsies that most people have had tuberculosis of some part of the body at some time of life, but have been cured of that to die of something totally different.

After visiting fifty cases in the different districts, I felt convinced that in thirty-eight of these deficient nourishment was the predisposing cause.

But theories count for nothing with the Charity Organization Society, and everything must be proved. They asked if I thought that I could prove that statement. I thought that I could, and took one case to experiment upon.

She was a bright, ambitious, neat woman with two children, and had been deserted by a worthless husband. She lived in an attic room

with two dormer windows, one overlooking the street and the other an adjoining roof, so that the light and ventilation were good.

The physician consulted said that she had reached the second stage of pulmonary tuberculosis and was going down very rapidly.

She could not sit straight, but stooped at the shoulders badly. Her head was always held to the right side and that shoulder elevated, "to help to breathe and to relieve the pain." She could not walk half a block without stopping "to get breath."

She was relieved of the care and anxiety of her children, and I was given *carte blanche* to the amount of one dollar per day.

I gave her a very generous bill of fare to follow, but had trouble in persuading her that she was not extravagant in using milk and butter and the best of meat and vegetables, and she was greatly surprised to find fruit so liberally prescribed. She did her own cooking, kept a record of everything which she ate or drank, took long trolley-rides in open cars, and in nine days gained five and one-half pounds. In three weeks she returned to her work of olive-packing with a happy look replacing the worried and anxious expression, erect carriage, breathed deeply, and was able to walk several blocks without fatigue.

She earns from six to eight dollars per week, continues to take extra milk and eggs, and has learned the economy of good, nourishing food, and avoids the dangers of the teapot and frying-pan.

One young girl who has had twenty-one hemorrhages has been sent out in the country, where she takes nine eggs daily besides her regular diet and is building up and gaining in weight.

Of course, these patients are among the very poor, and cannot obtain the amount and quality of milk and eggs which the physicians wish them to have, and the Charity Organization Society obtains these for them with remarkably good results in most cases.

The three favorite prescriptions are food, air, and rest in proper doses. Very careful instruction is given each one respecting the sputum, and covered tincups with paper boxes inside are supplied to each patient. The paper boxes are burned daily or oftener, and paper napkins and pocket linings are supplied to those able to go about. Where the wage earners are ill, the rents have been paid and the families supported. The patient is given the room admitting most light and air and a bed alone if possible.

Most of these patients do better in their own homes, if properly looked after and instructed, than in the hospitals now open to them, and when their personal cleanliness is made the condition of their remaining at home it has often had a most salutary effect upon the entire household. If sent to a hospital for consumptives, they are apt to return

and tell you, “That was no place for me, for everyone up there had consumption but me.” Others who realize and acknowledge their condition beg to be allowed to die at home. One brave little woman who had been the main support of the family begged her mother to forgive her for dying, assuring her that she had tried her best to live.

The Italians are particularly susceptible to tuberculosis. Leaving their pastoral lives for the overcrowded tenements so completely demoralizes them that they fall an easy prey to this cat-like disease, which often plays so long with its victims, and from which they so rarely escape if once caught. As their cheeks grow thinner, and their beautiful, dark eyes grow larger and brighter, you feel that the mute appeal of their helplessness when all human aids fail must reach to heaven, and that a remedy must soon be sent for this “great white plague.”

Italians are so clannish and affectionate that we find eight or nine occupying two rooms, and we are rendered rather helpless when trying to show them that they are endangering their loved ones if we come up against their religion. Like a stone wall they reply: “I believe not one man make another sick. My God only send sickness. My child love God, God love my child—not make him sick.” They are, however, susceptible to kindness, and will do for the loaves and fishes what nothing else will persuade them to do. You can separate them by paying their rent, supplying coal, food, clothes, etc., and so prevent a congestion of more than the lungs.

I do not feel that I have covered all the points that nurses need to know in undertaking this work, but the more it is studied the broader and deeper become the questions. The disinfecting and housing problems are most puzzling, but will be partly solved by tubercular dispensaries and sanatoria, probably, if we have patience and perseverance in this much needed work.

Case I.—September 24, 1902. Severe cold and cough lasting six weeks, following two years of very hard work and trouble, combined with the care and support of two children. Children cared for and extra diet supplied.

September 25....weight 114	pounds	October 19.....weight 123	pounds
October 4.....weight 119½	pounds	October 25.....weight 122	pounds
October 12.....weight 122	pounds	November 5.....weight 126	pounds
October 15, returned to work.		February 15.....weight 136	pounds

Case II.—Waiter. Was put under medical care and given extra diet, beginning with six eggs daily and two quarts of milk, which he has successfully increased to seventeen eggs daily and three quarts of milk, producing a gain in weight of six and a half pounds in three weeks. He is not yet allowed to use his arms in any work.

Case III.—A widow whose husband died of phthisis. Has a tumor and pulmonary tuberculosis. She is janitress in a large apartment-house and has one little girl to support. She was supplied with milk, eggs, and cod-liver oil. From December 15 to January 15 she shovelled thirteen tons of coal and gained three pounds during that time. The tumor has not increased in size, but she is considered too frail to be subjected to an operation.

WORK OF THE JOHNS HOPKINS ALUMNÆ

THE Johns Hopkins Alumnæ has taken keen interest in the warfare against tuberculosis, identifying itself when possible with any movements in that direction which have taken place in Baltimore. Our nurses were active members of a committee formed to collect money for the purpose of building a sanatorium for consumptives in the mountains near, and a good sum for this object was contributed by the nurses.

In one of the early numbers of the *Alumnæ Journal* Miss Barnard made a strong appeal to the members to bestir themselves, and to use their energies in some definite way to help on in this great warfare. Since then almost every number has had an article on the subject by some one of our members.

Interest in the nursing care of tuberculous patients led Miss Agnes Kernan, a graduate of the Class of 1901, to the Trudeau Sanitarium in the Adirondacks, where she remained at work for the better part of a year.

A similar interest has led Miss Sheba Milin, a graduate of this year's class, to offer to devote herself wholly to work among tuberculous patients in the city of Baltimore if suitable arrangements can be made. It is hoped that she may be able to carry out a plan of house-to-house visitation, providing proper care for the patients and teaching them and those about them how to prevent the spread of infection, securing careful disinfection of premises, and generally forwarding all known and available measures for the prevention of the disease.

M. A. NUTTING.

WORK OF THE VISITING NURSE ASSOCIATION, CHICAGO

IN January, 1903, the directors of the Visiting Nurse Association of Chicago appointed a committee from among their number to arrange for a meeting of physicians, charity workers, nurses, and others to con-

sider ways and means of organizing systematic work for the prevention of tuberculosis.

The meeting was called on January 26, and was well attended; and a committee on organization was appointed and called the Committee on Prevention of Tuberculosis of the Visiting Nurse Association.

At the February meeting of the directors of the Visiting Nurse Association it was decided to appropriate two thousand dollars for the preliminary work of this committee. An Advisory Committee was formed, composed of about thirty prominent citizens who are interested in this work and desirous of increasing its scope and usefulness. An office connecting with the offices of the Visiting Nurse Association has been rented, and a doctor is in attendance every afternoon to see any patients sent him by the Visiting Nurses, charity workers, and others.

Temporary branch offices are arranged for in each of the eight district offices of the Bureau of Charities with a doctor in attendance. Instructions have been compiled for the use of Visiting Nurses and others for the care of tuberculous patients. Cards of record of "history" of each patient and all necessary details concerning them have been distributed to all the Visiting Nurses and district offices.

As soon as possible the committee intends to open district offices of its own, where more systematic work can be carried on.

The central office is to be in a sense a clearing house for all the district offices, with the doctor in charge, where the history card of every patient will be filed away, and where charts of the city arranged to show the districts where tuberculosis is most prevalent, and with sanitary conditions indicated, can be found—in fact, where every data relating to the work of the prevention of tuberculosis in Europe and this country can be found.

Arrangements are being made for a number of lectures to be delivered during the coming winter in halls, settlements, and public schools on hygiene and other questions pertaining to the prevention of tuberculosis. As soon as is practicable in the autumn a meeting of the Advisory Committee and others is to be called to consider ways and means for the enlargement and further progress of the work.

The question of more sanitary housing of the tuberculosis patients in the city, more healthful occupations for those with tuberculous tendencies, as well as health farms and sanatoria both for adults and children, will be discussed and plans of work arranged.

L. P. HOUGHTELING,
Chairman of Committee on the Prevention of Tuberculosis.

headache to a severe disease, takes away somewhat of our remaining health and youth, and each time our vitality is taxed a little more to recover its tone. So, if we value our health, let us prevent, or—as the old translation has it—“go before,” in the matter of caring for our bodies, and not permitting them to be receptacles for disease.

In looking back at the history of our Dutch ancestors, when “*they* were the people” in New York, one cannot help but remark the wonderful health and strength of the men and women, the vast amount of work they accomplished, and the small need they had for doctors, nurses, or medicines throughout their long lives. And side by side with these facts comes the history of their daily life, lived in great simplicity, with plain, wholesome food, plenty of fresh air, immaculate cleanliness in person and home, at least eight hours sleep nightly, and some time always provided for improving the mind.

It is all very well for the mother of the family in these busy days to think that it matters not how little she sleeps, or what time she devotes to eating, dressing, rest, or recreation, as long as the children are well cared for and the domestic economy runs smoothly: even should she be too unselfish to care about her own well-being, she must realize that no machine—least of all the human machine—will do its work well if all the parts are not kept in perfect order.

In a large majority of cases where women break down with nervous prostration, nervous exhaustion, nervous dyspepsia, etc., the foundation of trouble is laid by the want of plain common-sense in the arrangements of their daily life.

Eight hours out of the twenty-four is the smallest allowance the busy mother ought to devote to sleep. If it be necessary to be up at six o'clock, make it a rule, when possible, to be in bed (not going up to get ready for bed) at ten o'clock. Even with all the volumes that have been written on the value of fresh air, few people seem to realize what it means to have thorough ventilation in their bedrooms. Because they have always slept with the windows closed, and are so tired when night comes that they would sleep under any circumstances, they shut their eyes to the greater good to be derived by plenty of fresh air in the room winter and summer.

It is hardly too much to say that sleep without fresh air is of very little lasting good to the system. Steam heat should always be turned off at night in the bedroom, and single beds provided when possible for the different members of the family. When ready for sleep, resolutely put aside all household cares and worries, relax the whole body, beginning with the jaw, which is generally held tightly closed, and it will not be long before sleep gathers you in its arms of oblivion and rest.



ECZEMA CAP AND MASK—FRONT VIEW



ECZEMA CAP—SIDE VIEW

Don Quixote had a deep sense of the blessing of sleep when he said:

“May blessings rest on him that first invented this same sleep. It covers a man all over, thoughts and all, like a cloak. It is meat for the hungry, drink for the thirsty, heat for the cold, and cold for the hot. It is the current coin that purchases all the pleasures of this world cheap, and the balance that sets the king and the shepherd, the fool and the wise man, even.”

Next in order comes the care of the person. No matter how limited the time for dressing, we cannot afford to dispense with a sponge-bath (ten minutes will suffice), and another five minutes devoted to a few simple physical exercises, with half a dozen deep breaths—holding the breath while you count ten—thrown in, will dispel that tired feeling the majority of “grown ups” experience on awakening in the morning, besides invigorating one for the day’s work. Hair neatly arranged, and a simple house dress put on with care, give every woman a feeling of self-respect that diffuses itself throughout the household and is a pattern even to the maid-of-all-work, for should the mother of the family appear at the breakfast table in a shabby dressing-gown and (shall we whisper it) curl-papers, the whole house feels more or less demoralized.

(To be continued.)

ECZEMA CAP AND MASK

By JESSIE McCALLUM

Graduate Johns Hopkins School for Nurses, Assistant Superintendent Training-School of the Post-Graduate Hospital, New York City

A PRACTICAL and simple method of keeping in place a head-dressing is one which has been in use for some time in the babies’ wards of the New York Post-Graduate Hospital. It is particularly useful for application over a dressing which must be frequently changed, being much more quickly applied than a bandage, and has also been found to answer well in cases of pediculosis. It is, however, especially adapted to cases of eczema of the face or scalp in children.

It is made of one piece of gauze, full width, and about twenty-four inches in length, one selvage-edge being folded over the other about two inches, and is applied so as to envelope the entire head, forward as far as the face, the two ends of the under selvage-edge being tied under the chin, while the other two are carried around the neck and fastened behind.

In this way the folds of the gauze, which form the back of the cap, are secured.

In case of eczema of the face a mask of gauze is made, openings being cut for the eyes, nose, and mouth. This mask is firmly held in place by the cap, put on as above.

To successfully manage an eczema case in a child it is necessary to restrain the hands. Formerly a binder, neatly pinned in place, was used; but a satisfactory substitute has been found in the application of carefully padded splints, so arranged that the little patient cannot bend the elbow, all possibility of reaching the face or head being thus avoided. It also has the great advantage of liberating the hands and giving the patient sufficient freedom to handle playthings, etc.

Celluloid sleeves, adjusted with strapping across the back and waist, have also been used with considerable satisfaction, and when these cannot be obtained they can easily be improvised from stiff card-board.



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE APPLICATION OF SERUMS TO THE LIMITING OF DISEASES.—An interesting editorial in the *Medical Record* on this subject says in part:

“If the dreams of such men as Ehrlich, Brieger, Marmorek, Dunbar, Wright, and others take tangible shape, if what may to-day seem to us the too-vague flights of their imaginations can be crystallized or conglomerated into practical therapeutic entities, there will be a profounder medical revolution in the coming century than was even dreamed of by the great captains and masters of the past.

“In a lecture on ‘Therapeutic Inoculations of Bacterial Vaccines,’ published in a recent issue of the *British Medical Journal*, A. E. Wright says: ‘The method which I propose to consider to-day is as yet almost unexploited. None the less does it seem to me to be one destined to revolutionize our ordinary practice in dealing with localized bacterial invasions. Our treatment in the past has consisted in making repeated applications of antiseptics, or, if impractical, extirpating the seat of infection. The time will come when, before embarking on either of these methods of treatment, an endeavor will be made in every case to arrest the invasion and to prevent its recurrence by calling into action the forces of resistance which lie latent in the organism. The physician of the future will, I foresee, take upon himself the role of an immunizator.’

“The declaration of such a creed in the leading article of the *British Medical Journal* is in itself enough to make one pause, only to realize an utter inability to grasp what a practical verification of these concepts may mean. For humanity, such a step in advance would inaugurate a blessed passing of fully ninety-five per cent. of all bodily ills and pains. Death in childhood, in adolescence, in adult life, would occur only as the rarest exception.

“For the medical and for the kindred professions which cluster about it, it would mean dissolution. One man with a case of phials from the municipal laboratory could minister to the great town which to-day absorbs the life energies of a score of physicians. The practitioners of medicine, the imposing drug stores, as well as the mighty corporations which manufacture pharmaceutical preparations—all would pass away.

“What justification, if any, exists for believing us to be upon the threshold of such a medical upheaval—such a therapeutic revolution?

“The success of Haffkine’s antiplague vaccination has been second only to that attending the use of diphtheria antitoxin. Yersin’s plague antitoxin, which differs from Haffkine’s vaccine in being obtained from immunized horses, is curative as well as immunizing. Dunbar, of Hamburg, has prepared in like manner an antitoxin for the treatment of hay-fever which ‘produced immediate disappearance of the subjective and, after a few minutes, great amelioration of the objective symptoms.’”

THE DANGER OF CORROSIVE SUBLIMATE SOLUTION AS A VAGINAL DOUCHE.—The *Medical Press* says: "It is strange that at the present time many medical men are found who continue to use corrosive solution for purposes of postpartum douching in spite of the clear demonstrations that have been made of its unsuitability and of its dangers, and in spite of the introduction of many safe and efficient substitutes. The use of this dangerous poison for postpartum douching is not alone confined to general practitioners, but it is used and recommended by many competent specialists. A case is recorded in an American contemporary in which a patient, aged thirty-three, who had miscarried at the fourth month, was given a single vaginal douche consisting of a quart of 1 to 1000 corrosive sublimate solution. The next day she exhibited all the characteristic symptoms of sublimate poisoning,—gingivitis, salivation, and diarrhœa,—the symptoms became rapidly worse, and she died a fortnight later. Of course, an antiseptic cannot be condemned because it is carelessly used with fatal consequences in a single case, and if corrosive sublimate had anything to very strongly recommend it, it would be foolish to do so. But what are its recommendations? It destroys metal instruments; it is a most dangerous lotion to leave about a house; it is decomposed and rendered useless in the presence of much albumin; it roughens the hands of the operator, and constricts the mucous membrane of the vagina and vulva, and so tends to encourage the occurrence of lacerations of these parts; and, as the case to which we have called attention shows, and as many other reported cases show, its use is by no means free from danger. The obstetrician who uses it himself is courageous, but the obstetrician who recommends it for general use to others—nurses or students—is foolhardy."

THE HYGIENE OF KISSING.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in *Revue de Medecine* on this subject: "Féré observes that kissing is not only an expression of sentiment; it is, in addition, the means for exciting and exalting it. The act of kissing produces a physiological excitation apart from all association of ideas by the simple fact of irritation of the integument. Those portions of the face which are nearest the natural openings are the most sensitive, especially those portions which are contiguous to the lips and the extremity of the tongue. The teeth often enter into the act of kissing, and especially is kissing unattractive if the lips are unsupported by teeth. If the nasal passages are impermeable or adenoids are present the act of kissing is subjected to unfavorable conditions. The odor of tobacco and certain odors peculiar to certain individuals may render kissing repulsive. Among many savage tribes kissing is not practised. It is a mark of treachery, of disapproval, or veneration, or of religious fervor. It is often the medium by which very infectious diseases are propagated, notably syphilis, hydrophobia, leprosy, pestilence, purpura, itch, etc. The kissing of books or of religious relics is objectionable because unsafe.

"Kissing may cause traumatism by the action of suction: thus the skin may be injured, the drum membrane of the ear may be ruptured, the eyelids may be wounded. Children who are compelled to kiss others may acquire such a repugnance to it as to result in painful impressions when they are forced to practise it. The effects of sexual perversion by this means are well known. In a word, kissing is accompanied not only with dangers of traumatism and infection, but with those which are neuropathic, psychopathic, and moral. Promiscuous kissing should be suppressed, and it is especially desirable that an act with such possibilities for evil should not be forced upon children."

CAN THE RESPIRABLE PRODUCTS OF HUMAN WASTE HINDER DEVELOPMENT AND LOWER VITALITY?—The *Medical Record* in an extract from the London *Lancet* says: "John Hartley earnestly discusses this topic, which, he says, 'must from its very nature be either utterly fatuous or of truly vital importance.' He takes the latter view of it, and endeavors to show by familiar scenes and experiences in the crowded out-patients' departments of hospitals that the sallow, flabby, easily fatigued coming there are in this poor physical state because they have habitually inhaled an atmosphere made foul by the volatile products of human waste. These people are said to be as well fed on the average as the country poor. His argument is largely based on the ease and directness of absorption of such products as compared with the route by the stomach. Attention is directed to the well-known fact that muscular fatigue is coincident with the accumulation of muscle waste, and it is pertinently suggested that other people's waste is quite as capable of causing fatigue as our own. The author closes his interesting article with the thought that perhaps, after all, many of the ills usually ascribed to the high pressure of modern civilization may be more justly attributed to the effects of the toxins given off by our crowded population."

A SUGGESTION FOR THE TREATMENT OF ACUTE SEPSIS.—The *Medical Record*, quoting from a German contemporary, makes the following suggestion: "J. Wernitz believes that advance in the treatment of acute septic conditions is to be made not along the lines of serum therapy, but through methods of stimulating elimination of toxins from the blood. Free action of the skin and kidneys is the object aimed at, but the customary means employed—viz., subcutaneous or intravenous infusion of saline solution—has several disadvantages. In septic processes the heart muscle is weakened and the rapid introduction of a large volume of fluid is apt to overwhelm it, producing a paralysis which may be permanent. The administration of infusions is troublesome and painful, and the temptation is to give them less often but in dangerously large amounts. Owing to the complicated nature of the procedure, it is often postponed till a stage of the disease when it is too late to do good and is not without risk. The author recommends a form of colon irrigation which is very simple and can easily be carried out by the laity after a single demonstration by the physician. The patient is disturbed very little, and there is no danger of overtaxing the heart through too sudden introduction of fluid. An ordinary rectal tube is introduced into the rectum as far as possible without causing pain. It is connected with an irrigator containing one per cent. salt-solution and the fluid is allowed to flow very gently. As soon as peristalsis is excited the irrigator is lowered and the solution is allowed to flow back, usually bringing with it large amounts of fecal matter and accompanied by the expulsion of gas. This procedure is kept up until the intestine is thoroughly cleansed, the solution being replaced by fresh as often as necessary. As soon as the gut has been well cleansed it is ready for absorption, and similar irrigations may be given at hourly intervals, each irrigation taking about an hour. When the least discomfort or feeling of fulness is caused the irrigator is lowered or the current interrupted for a time. The results are speedily evident in a falling temperature, profuse diaphoresis and diuresis, less thirst, the skin and mucous membranes become moist, and the patient's general condition undergoes improvement. That this is due to the irrigations may be shown by omitting them and noting the return to the previous condition sure to occur."

TEETH REPLACEMENT.—The *Journal of the American Medical Association* says: "Earp reports a case in *Pediatrics* where four lower incisors were knocked out by an accident, with laceration of the gums and only slight attachment of tissue on the anterior surface. The injured parts and the mouth were treated with an antiseptic solution mainly of boric acid, the teeth replaced, and after firm pressure for five minutes were kept in place by a pledget of cotton saturated with the same solution. Sedatives were given to produce quiet and a liquid diet instituted. After a few weeks the teeth were firm and later became uniform and normal and healthy. He thinks nature will show a tendency to assist when there is ample vitality, as in childhood, and that the preservation of the teeth in this instance prevented depression, which, during the four to six succeeding years—the child being only sixteen months old,—would have changed the expression of the features. The cutting edges not being in apposition would have made mastication imperfect and impaired digestion. The successful reestablishment probably prevented a destruction of the germs of the permanent teeth and avoided deformity and malposition."

The editor of this department has personal knowledge of a case in which an upper incisor knocked out by violence was replaced and grew firmly in its original position.

THE DENTAL NURSE.—The *Journal of the American Medical Association* publishes a paper with this title, read before the American Medical Association at New Orleans by M. L. Rhein, M.D., D.D.S., which is of interest to nurses, particularly the following extract:

"In the State of New York, during the present session of the Legislature, a law is being passed placing the trained nurse under the jurisdiction of the State Board of Regents, which necessitates that she should possess the proper qualifications in education and practice. In view of the high esteem held for the work of the trained nurse, it appears remarkable that the sphere of her usefulness has not long since been extended to our own specialty.

"It would be an easy matter to add to the training-schools for nurses a department of dental nurses. Applicants for admission to such a course should be required to pass a satisfactory preliminary examination. Outside of the general didactic instruction which they should receive they should obtain additional instruction in regard to the oral cavity, etc., from a stomatologic member of the school's faculty. They would also receive their manual training under the same supervision, and in the hospital material they would find ample opportunity for perfecting their working technic.

"It is difficult to estimate in advance how much benefit would accrue to a large percentage of hospital cases if their mouths could be properly cleansed and rendered sterile.

"Would it be claiming too much to say that there are serious conditions where such treatment properly administered might prove the turning-point towards recovery or, in organic diseases, towards a material improvement in the general condition? Perhaps their greatest sphere of usefulness would be to place the mouths of patients in a sterile condition preliminary to undergoing surgical operations. When we consider all the devices used in the modern operating-room, all devoted to obtaining ideal aseptic conditions; when we consider the patient anesthetized in an atmosphere barren of pus germs, with the single exception that too frequently the patient's mouth is redolent with

putrescent filth, washed with secretions of pus,—when we consider such conditions with a celebrated surgeon about to enter into the digestive tract, can we longer question the value of the preliminary treatment by the dental nurse in such a case? Then there is the infirmary practice connected with all the large hospitals. Here is a field for the doing of the greatest good to this vast class of unfortunates. The cleansing of the mouths of properly selected patients in the dispensaries, combined with the proper education for preserving oral hygienic conditions, would be of greater value in the uplifting of the masses than any other means at present employed.

“Having graduated from the training-school, it would be in keeping with our other laws to compel the nurses to pass a State Board examination. The passing successfully of such an examination would then entitle them to be registered as trained dental nurses. Being so registered, they would be able to practise their profession in private life. By that is not meant the fact that they would be licensed to go around indiscriminately, cleansing the mouths of the people. Their license to practise dental nursing should mean that they are permitted to cleanse, polish, and medicate the dental territory only under the prescription of the patient's attending stomatologist.

“As chairman of your section, I ask your approval for this means of placing within reach of the human race the boon of prophylaxis in stomatology. There are three good reasons why it should receive your endorsement: First, it will tend materially towards the public good; second, it will open to woman-kind a new vocation second to none in desirability; third, it will materially aid the stomatologist in the quality of his results.”

PROTECTION OF THE HEALTHY SKIN DURING THE APPLICATION OF THE RÖNTGEN RAYS.—The *Medical Record*, quoting from a German exchange, says: “G. Holz knecht and R. Grünfeld have devised a protective covering for the skin for use during the application of the Röntgen rays. It consists of a sheet of tin which is covered on both sides with a thin layer of hard rubber. The plate thus made may be of any size and shape desired and perforated by as many apertures as wished. It is very flexible and may be easily adapted to the various curvatures, etc., of the body. It is light and easy to handle, and may be sterilized, washed, or heated without damage. Its extended use shows that it affords a complete protection to the healthy skin from the burning and other annoyances which frequently attend the use of the application of the Röntgen rays.”

COLLODIUM IN TREATMENT OF CARBUNCLE.—The following is taken from a German medical journal: “Dr. Hauße, of Eilenburg, calls attention to the far more rapid healing of a carbuncle when the immediate environment is painted with collodium. The hairs must be carefully shaved off and the centre of the lesion treated with sublimate or otherwise as needed. The layer of collodium protects the sound tissues and exerts a gentle pressure, both of which favor rapid repair.”

COCAINE BEFORE CHLOROFORM.—Stuver, writing in the *Denver Medical Times*, says he has found painting the mucous membrane of the nose with a two per cent. solution of cocaine applied on a cotton-wrapped probe ten or fifteen minutes before beginning the anæsthetic, prevents vomiting. He thinks it would be quite as effective with ether.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

ON October 16 the trustees of the Massachusetts General, Boston, gave a reception at the hospital to celebrate the completion of the new out-patient department, and also to commemorate the discovery of ether. There was an interesting programme and many distinguished guests were present.

Needless to say, all of the building is equipped with the very latest surgical and medical appliances, everything being of the most approved design and calculated to give the best possible results, while patients also have the satisfaction of being in surroundings which are as pleasant as it is possible for a hospital to have. From roof to basement the building is, with the exception of a few rooms, floored with granolithic, assuring the permanence of the cleanliness which makes the interior so attractive at present.

ON September 11, 1903, Dr. Lederle, of the Board of Health, New York, appointed fifty-five health inspectors and thirty nurses to stations where they would meet the public-school children to separate those suffering from contagious diseases from the well before entering the schools on the 14th. The nurses go with the infected ones to their homes and give instruction to the parents how to carry out most efficaciously the prescribed treatment, so that the youngsters may return as soon as possible to their studies.

PLANS have been filed for the new building to be erected for the Women's Hospital, New York, to replace the old hospital at Lexington Avenue and Fiftieth Street. The building will be six stories high, with basement and attic, and have façades of granite, limestone, and terra-cotta. It will occupy the One Hundred-and-Tenth Street front of a plot, three hundred feet front and one hundred and seventy-one feet deep, between One-Hundred-and-Ninth and One-Hundred-and-Tenth Streets.

THE Burrage Hospital on Bumpkin Island, Boston harbor, has during the past summer accommodated two hundred and seven crippled and deformed children, most of whom were suffering from a tubercular bone infection. The hospital is dependent on the excursion-boats, and the time of sojourn is necessarily limited to three months.

PLANS have been filed for a new building to be erected on East Sixtieth Street for the Manhattan Maternity Hospital. The structure will be four stories high and fireproof throughout. There will be four wards (one for babies), four isolating-rooms, a diet kitchen, an operating-room, and an amphitheatre.

THE Sydenham Society has founded a hospital and dispensary at 347 East One-Hundred-and-Sixteenth Street, at which the poor may receive free treatment. The dispensary is situated on the lower floors, and on the upper floors there are twenty beds and an operating-room.

A COURSE of training in emergency surgical work and nursing (?) is to be given this winter at the Charlestown (Mass.) evening high school. Lectures will also be given in advanced physiology.

GROUND has been broken in Albany for a hospital for contagious diseases located near the Albany Hospital. The completion of St. Peter's Hospital is looked for by the end of the month.

A CHINESE hospital, the second of its kind in the United States, has been established on Park Street, New York. Patients, physicians, and nurses are all Chinese.

SOME OF THE WAYS HOSPITALS ARE BEING AIDED

A PAVILION GIVEN.—A beautiful new pavilion has just been added to St. Luke's Hospital, South Bethlehem, Pa. This pavilion consists of a ward of twelve beds, a nurses' office, a dining-room for convalescents, and a private ward of five rooms, an examining-room, a parlor, and a solarium. It has every convenience in the way of light and water and store-rooms, and the whole is most beautifully and completely furnished throughout.

In the ward is the handsome bronze tablet, which reads as follows:

“THE SAYRE PAVILION

“In memory of all those who by contribution of their labor or means have aided in making Saint Luke's Hospital helpful to the unfortunate.

“Erected by

“ROBERT HEYSHAM SAYRE,

“A. D. 1903.”

Mr. Sayre is one of the most prominent men of this section of the country, and has been intimately connected with and deeply interested in the hospital since its beginning, always having been on the Board of Trustees and at present being the chairman of the Executive Committee.

AN ambulance has been ordered for the Parks Hospital, Glens Falls, and will be ready for use about February 1. The purchase of the ambulance has been made possible through the efforts of Mrs. William W. Maclay, who secured the fund by subscription.

THE Commissioners of Health, New York City, have taken a large house in the Borough of the Bronx and remodelled it as a hospital for the exclusive use of sufferers from trachoma.

BY the will of the late Richard W. Foster the Clinton Hospital Association, Clinton, Mass., receives ten thousand dollars.

BY the will of the late Royal P. Barry, of Melrose, Mass., the Melrose Hospital receives one thousand dollars.

THE addition to the Medfield Insane Hospital at Medfield, Mass., is to cost eighty thousand dollars.

TRAINING-SCHOOL NOTES

FRIENDS of the Boston Floating Hospital for infants will be pleased to know of the successful season of the post-graduate course of ten weeks. The closing exercises were held at the Maverick House on the evening of September 14, and consisted of an illustrated lecture by Dr. Arthur Willard Fairbanks showing special points in observation, and being especially interesting and instructive,

after which the diplomas were presented by the resident physician, Dr. Robert W. Hastings. Much pleasure at and appreciation of the benefit derived from the course were expressed by the nurses at various times. Following are the names of those taking the course this year with the name of the school from which they graduated: Annie W. Brown, Memorial Hospital, Concord, N. H.; Mary F. Baker, Memorial Hospital, Concord, N. H.; Emma W. Case, Pottstown Hospital, Pottstown, Pa.; Helen F. Carr, Massachusetts Homœopathic Hospital, Boston, Mass.; Susanne Clark, Presbyterian Hospital, Pittsburg, Pa.; Florence I. Corbet, St. Luke's Hospital, Duluth, Minn.; Annie I. Ferguson, Elliot Hospital, Manchester, N. H.; Mary E. Hennessy, Worcester Isolation, Worcester, Mass.; Signe Hammer, Jefferson Medical College Hospital, Philadelphia, Pa.; Ida M. Hickox, City Hospital, Worcester, Mass.; Bertha M. Jones, Pottstown Hospital, Pottstown, Pa.; Antoinette Light, University Hospital, Ann Arbor, Mich.; Florence A. McDonald, Whidden Memorial Hospital, Everett, Mass.; Mabel E. Naughton, Children's Hospital, Philadelphia, Pa.; Mary A. Pepper, University Hospital, Kansas City, Mo.; Florence N. Perdue, Lying-In Hospital, Providence, R. I.; Ella H. Plunkett, City Hospital, Boston, Mass.; Maude L. Parkes, Nathan Littauer Hospital, Gloversville, N. Y.; Martha M. Richards, Smith Infirmary, Staten Island, N. Y.; Marie Schwartz, Nathan Littauer Hospital, Gloversville, N. Y.; Florence Salmon, Grace Hospital, New Haven, Conn.; Laura M. Smith, Lying-In Hospital, Providence, R. I.; Jessica E. Skinner, Woman's Hospital, Chicago, Ill.; Mary E. Shannon, City Hospital, Cincinnati, O.; Harriet L. Turver, Grace Hospital, Detroit, Mich.

THE Training-School of Nurses of the Cleveland General Hospital recently graduated a class of eleven young women, the exercises being held in the auditorium of the hospital. The front of the room was banked with American Beauty roses, autumn boughs, and white drapings, forming the class colors, red and white, and every seat was taken when the class entered the room.

An interesting and appropriate programme had been prepared, consisting of an address of welcome by Dr. J. B. McGee, a vocal solo by Miss Pauline Hilker, and a piano solo by Anthony L. Maresh. The following is the personnel of the class: Nellie Prendergast, Malvern, O.; Martha Woodhouse, Dublin, Ireland; Edith Trimstead, Durham, Ont.; Nora Conroy, Wakeman, O.; Sarah E. Kellack, Cleveland, O.; Ida Steurmer, Preston, Ont.; Blanche Rhodebeck, Woodview, O.; Emma Firestone, Fredericksburg, O.; Louisa Schinke, Pemberville, O.; Agnes Richardson, Ravenna, O., and Edith Biggs, Elyria, O.

THE graduating exercises of the Mack Training-School in connection with the General Hospital, St. Catharines, Ontario, Can., took place at the Court-House September 7, 1903, and the large number present testified to the interest which the citizens of St. Catharines take in the institution. Shortly after eight P.M. Miss Hollingworth, superintendent, entered the room followed by the three graduating nurses and nine pupil nurses. A short programme was prepared, consisting of solos, vocal and instrumental. Addresses were given by Mr. Laurie, chairman of the meeting, Mayor Burgoyne, Rev. Mr. Pickering, and Rev. Dr. Smith.

CHANGES among the officers of St. Luke's Training-School, Chicago, are as follows: Miss E. G. Rogers, 1900, has been appointed assistant superintendent; Miss Grace D. Van Kirk, 1903, to succeed Miss Rogers as surgical nurse; Miss Alberta Gage, St. Luke's, Chicago, 1901, former assistant superintendent St.

Luke's Training-School, Chicago, has been appointed superintendent of the Danville Training-School for Nurses, Lake View Hospital, Danville, Ill.; Miss Lois R. Williams, St. Luke's, Chicago, 1903, has gone to Christ's Hospital, Topeka, Kan., where she will be in charge of the operating-room.

THE Waltham Training-School for Nurses begins its new term. Heretofore the students were required to remain in the school three and one-half years before graduating, but the officials have decided to extend the course six months.

A change which goes into effect with the present term is relative to the ages of women desiring to enter. A nurse may now enter if she is eighteen years old and possesses the necessary qualifications. In previous years she was obliged to be at least twenty-one. No one over thirty-five is received.

THE Methodist Episcopal Hospital of Philadelphia recently received a donation of two thousand five hundred dollars for a Nurses' Home. Money was also received for a new Dispensary Building and another wing to the hospital. The latter is to contain three wards. Work on the Dispensary Building is to be begun at once, and it is hoped that all the buildings will be completed within a year.

MISS ALICE M. HODGSON, matron of the General Hospital at New Britain, Conn., for the past two years, has been elected matron of the Malden Hospital by the Board of Trustees of that institution. She was trained at the Boston City Hospital. Previous to going to New Britain she was matron of the Whidden Hospital at Everett, Mass.

THE post-graduate course connected with the Free Hospital for Women, Brookline, Mass., has proven very satisfactory. The applicants have been well-trained graduates from excellent schools. Their work has been very efficient and reflects great credit on their previous training. The classes begin October 1 and February 15.

A CATHOLIC women's association in Brooklyn, L. I., has organized a class of "Nazarene Nurses." This course is not intended to produce registered trained nurses, but simply helpers to settlement workers, missionaries, and physicians in their labors among the destitute sick. The course comprises ten weeks.

ON September 9 Mr. John Ross Robertson gave an "at home" at the Lakeside Hospital, Toronto Island, to which all the nurses of the city were invited. The weather was perfect and a large number of nurses were present. Miss Brent and her assistant received the guests.

THE third class of hospital apprentices to be graduated from the Naval Hospital at Norfolk, Va., received their diplomas on the second instant. The class of thirty-five were highly congratulated on their efficiency by Surgeon-General Rixley, who presented the diplomas.

MISS ADA CARR, for some years assistant superintendent at the Johns Hopkins Training-School and later in charge of the Visiting Nurses' Society of Baltimore, has been appointed superintendent of nurses at the Newport Hospital, Newport, R. I.

MISS MARY E. LENT, a graduate of the Johns Hopkins Training-School, has been appointed head nurse of the Visiting Nurses' Society of Baltimore.

STRATFORD, Ont., is about to erect a nurses' residence in connection with its Training-School.

PERSONAL

MISS MARY S. LITTLEFIELD, a graduate of Bellevue and for the past eleven years superintendent of nurses at the Episcopal Hospital, Philadelphia, has resigned the position and severed her connection with the school October 1. Miss Ada Payne, chief nurse of the Children's Hospital, San Francisco, Cal., will succeed her.

MISS CATHARINE DUNLOP, of the New York Training-School for Nurses, has resigned her position of superintendent of St. Luke's Hospital, Newburgh, for a much needed rest. Mrs. Mary Marquis, her assistant, a graduate of St. Luke's Hospital, Newburgh, has also resigned her position.

MISS M. L. FUNK, graduate of Jefferson Hospital Training-School, has returned from a Western trip, during which she visited places of interest in Chicago, Denver, Colorado Springs, Salt Lake City, Ogden, San Francisco, Los Angeles, and other places in California.

MISS MARION LITTLE, Class of 1900, University of Maryland, has resigned as superintendent of nurses at the Mission Hospital, Asheville, N. C., to accept a similar position at the Homœopathic Hospital, Washington, D. C., October 1, 1903.

MISS A. GOODRICH, superintendent of the New York Hospital Training-School, will be "at home" to the nurses during the winter on the first Wednesday evening of every month from half-past eight to ten o'clock.

MISS H. J. EWIN, superintendent of nurses, Free Hospital for Women, Brookline, Mass., has returned from an interesting European trip, having visited the hospitals in Great Britain and on the Continent.

MISS HONNOR MORTEN, of London, England, visited Toronto General Hospital School for Nurses during the past month and presented a copy of Dr. J. K. Watson's book on nursing to the nurses' library.

MISS ALICE L. MACDONNELL, graduated from the New York Hospital Training-School in 1898, has accepted the position of superintendent of the Physicians' and Surgeons' Hospital at San Antonio, Tex.

MISS BELLE MACPHERSON succeeds Miss Estabrook as superintendent of the Elliot Hospital, Manchester, N. H. By the will of the late Charles Chase the hospital receives ten thousand dollars.

MISS ELIZABETH M. HEWITT, graduate of Columbia and Children's Hospitals, has accepted a position in the Washington College for Young Ladies, Washington, D. C.

MISS E. R. BAILY, late superintendent of Brightlook Hospital, St. Johnsbury, Vt., with Miss Marion C. Folsom, has just returned from a trip abroad.

MISS M. L. WYCHE, late president of the North Carolina State Nurses' Association, has recently taken charge of the Watts Hospital at Durham, N. C.

MISS ANNIE McDOWELL, matron of the Newton (Mass.) Hospital since 1892, has tendered her resignation, to take effect April 1, 1904.

MISS ISABEL MOODIE and Miss Mary Graham arrived safely in Dawson City on September 7. The journey was a most delightful one.

MISS MAREB ALLEN has been appointed head nurse of the Ross Memorial Hospital. She entered upon her duties September 1.

MISS MABLE STOCK has accepted the position of superintendent of nurses, Presbyterian Hospital, Allegheny, Pa.

MISS MARY ALLEN left Toronto on September 26 to return to her work in China as missionary.

MISS NELLIE MILLER is now lady superintendent, General Hospital, Brockville, Ont.



PRELIMINARY EDUCATION FOR NURSES ENTERING TRAINING-SCHOOLS.—The *Journal of the American Medical Association* has a short editorial on this subject:

“Of the utility of the trained nurse there is no longer any ground for discussion. From having originally been a luxury, to be availed of only by the wealthy few, she has become an every-day necessity, whose services are in constant demand among all classes of the community. In the process of evolution, the requirements of a good nurse have been gradually increased, and for the fulfilment of these the courses of study have necessarily been lengthened and the character of instruction has been correspondingly modified. Training in the mere practice of nursing can no longer be considered sufficient, but a thorough grounding in the principles of the work has come to be looked on as an important prerequisite. Like the medical student, so the pupil-nurse should come equipped for her pursuit with special as well as general educational qualifications. A plea upon these lines has recently been made by Dr. Francis P. Denny, and to meet the present need he lays down the following urgent requirements: 1. Leisure for study. 2. Instruction in the principles of nursing before beginning practical work. 3. Instruction by those especially fitted to teach. 4. Improved methods of instruction. That this need has been appreciated, in part at least, by others, and that steps have already been taken to provide the remedy, is shown by the announcement of the Drexel Institute of Philadelphia for 1903-4, that at the solicitation of Dr. S. Weir Mitchell and the superintendents of the leading nurses' training-schools of Philadelphia the Drexel Institute has undertaken to organize a preparatory course of instruction for such training-schools, including the subjects of anatomy and physiology, medical chemistry, materia medica, hygiene, bacteriology, domestic science and economics, as well as English language, vocal expression, and physical training. The course occupies about thirty-six weeks, and is divided into two terms. Certificates will be issued to those who complete the full course and pass the required examination. It is possible that work of a like character has been undertaken elsewhere, but it seems worth while to make a record of the beginning of a movement whose influence is likely to be most useful and far-reaching. Further, the experience gained from this work may serve as a guide to others engaged in other places in similar work. It is fitting that grateful acknowledgment be made of the part taken in the movement by Dr. S. Weir Mitchell, who has always exhibited the greatest interest in nursing and nurses, and who has in many ways done so much for the uplifting of his profession.”

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



It is proposed to publish from time to time in the JOURNAL, whenever space will permit, a series of papers on things of general interest to nurses, and to discuss subjects about which many of us would like to say a word. Anything that binds us more closely together is an advantage, and free discussion helps to clear a subject to many minds.

Any friend of the guild, or, for that matter, any reader of the JOURNAL, is asked to send contributions on this subject, and we shall be glad to get as many different opinions as possible. The paper which appeared in last month's issue, called "What to Do with the Margin," formed No. 1 of this series, and it has struck us that it would be a good thing to hear from any who, though outside of the guild, take an interest in its welfare.

Two articles have appeared in our department lately on the subject of a central object for the guild work, one from Orange and one from Boston, and the same point of view was taken in each, that we were in duty bound to work for ourselves in our old age. This may be true, but surely the appeals from the Church Missions House appear to have roused a different spirit in the minds of many, for a goodly number of letters have been received asking for more information on this subject.

Now the council is approaching and the subject may come up again, and the question presents itself to us: Do we want to work only for ourselves, or shall we spread our influence more in mission work?

The term mission work often brings up before one's mental vision palm-trees, brown natives, huts, and, mayhap, if one have a vivid imagination, a jungle and tigers, and has a sort of "India's-coral-strand" effect, as it were.

We know, however, that a vast field is taken in by mission effort, and those who talk loudest against wasting money on the foreign field, and who claim most strenuously the right of the heathen to believe as he likes, are often open to the miseries of the poor in their own city.

We cannot all emulate the lady who was so devoted to missions that her friends laughingly declared they dared not present her with their photographs lest she offer them to the cause, nor even equal that pathetic tale which came out in some paper of the poor woman who for twenty years had saved money, little by little, to purchase herself a silk dress, and one night at a missionary meeting was so moved by an earnest appeal that she put her long-hoarded money into the fund asked for.

We grant these are extreme cases, but can't we do something? Nurses say they are worn out helping others anyhow, and there are rich people who have time and money for charitable work. This is very true, but do we not know that many of us felt a truer thrill of joy for the relief we were enabled in the hospital to give some poor, wretched patient than for all our hours spent in

private nursing over the sons and daughters of luxury, who could pay for anything they got, and who often felt that the money was all they need bestow?

Far be it from our purpose to decry well-paid nursing. The laborer is truly worthy of his hire, especially when the work is so exacting and when the laborer lasts, generally speaking, so short a time, but must this be all? The nurse does works of mercy always and wherever she may be working; it is impossible, from the nature of her work, that she should do otherwise, and why can we not send some of this mercy where it is most needed? Think of the missions open to us. The Church is constantly telling us of them, and in the dryest statistics of the State they appear also.

We hear of needy cases every day, and still the cry goes on: "I have my living to earn, and I cannot afford to do charity work." Perhaps some of us cannot afford it; some may be wage-earners for others, but some of us may do it, and if we cannot give our lives to it, we may occasionally give a little time as a rest and change from the unending round of well-paid nursing.

What, after all, do most of us earn but a living? and that we should have anyway.

We would beg the guild at large to think of this, to work for others if we may, to pray for mission work and workers always.

How many of us really give any time or money or prayer to missions? They seem so far away, so removed from our ordinary sphere of work, and it is sad but true that many of us consider that prayer is rather a weak and useless means of helping anything!

If we merely say a perfunctory and set petition at set times, this may be true, but earnest, hearty supplication can surely not be displeasing to the loving Father to whose ever-listening ear it is sent.

Why cannot some nurses, after a long season of "good cases," do a little charity work? Why cannot we feel it incumbent upon us to take an active and lively interest in some of the charities of our city? It is surely a bad thing to put a mercantile value on every bit of our professional work. There are many organizations for the benefit of nurses, sick-relief associations and other things of that sort, but if the guild as a whole would unite in some charitable and missionary effort it would surely be a blessed thing for us all.

Let us, at any rate, cultivate the missionary spirit, which is the spirit of love for our fellow-creatures. It is opening our hearts and taking all mankind into them. Surely this is the way to do work of any kind, and who can doubt its reward when we remember who it was that said: "As ye did it unto one of the least of these my brethren, ye did it unto me."

ORANGE, N. J.—The first meeting of our new year was held at Grace Church, Orange, on Thursday, October 1, the change from our usual date being made necessary by the late return home of members who have been away. A large attendance was a gratifying point, in view of the important meeting which followed the usual service, at which the rector and chaplain of the branch made a brief address of welcome, earnestly exhorting all to renewed efforts in guild work and the performance of their religious duties, the chief outward sign being attendance at church, for which there are such ample opportunities. Committees were appointed to draw up the calendar for the year and present it at the next meeting, also to gather suggestions for the needlework meetings during the winter. Another will report on the objects to be fully discussed at the council

meeting, on the central object to be worked for by the whole guild, and there are many who hope that the idea already sketched by "Orange" will be further developed and adopted. A discussion was raised as to the limit of those who may occupy the guild-room at the Nurses' Settlement. It was agreed to admit all graduate and pupil nurses who may desire to use it, guild nurses having the preference, and a committee was formed to take charge of applications and other matters that may arise. We announce with sincere regret the death of a recently admitted associate, who had for many years served most admirably as matron of the House of the Good Shepherd, who will long be mourned there by the aged inmates. Miss E. Breakey passed in her sleep to her eternal reward on September 21. Miss Lotta Layton is now in the Memorial Hospital suffering from typhoid fever, which we earnestly hope will only prove a light case. The Fresh Air work of the joint committees in the Oranges has had a most successful season. Two active members and one associate served as matrons during the three months, and graduate nurses gave their services for one week each during the entire time. About two hundred and fifty people were taken down to Bradley Beach in parties for one week, fully seventy-five remaining on for two or more weeks, according to the need of their cases.

THE Boston Branch of the Guild of St. Barnabas held its first meeting after the summer recess at St. Stephen's Church on the evening of Wednesday, September 30. There was a very good attendance for the first meeting after an interval, and we were glad to have with us the secretary of the Philadelphia Branch of the guild, who was visiting in Boston. At the business meeting a report was read on the subject of the Calendar Club of the Henry M. Torbert Memorial Fund, and we were glad to learn that our money had all been collected and paid. The delegates to the council were then elected. Miss Mary Sargent was the associate, alternate Mrs. Sprague, and Miss Caldwell was chosen as the member to represent us, the alternate being Miss Butt. The chaplain read a letter from Fitchburg, describing the progress made in our new branch, which was very gratifying. He also told us of the new dispensary work to be organized at St. Stephen's under the direction of Dr. George Monks and Dr. Horace Spinney, and asked that names of nurses who were willing to assist be given to him. This is certainly an interesting work, and we hope our members may show an inclination to help it on as far as lies in their power. Five names were proposed for membership and two members and one associate were admitted, Miss Head and Miss Day and Miss Alice Sargent. The usual social hour closed the meeting.

WASHINGTON, D. C.—The Guild of St. Barnabas had a most interesting meeting on the evening of October 5. The business of the guild was speedily transacted, and at eight o'clock the parlors of the Guild House were filled with an attentive audience, who listened with pleasure to an illustrated lecture given by Dr. Oliver Belt, one of Washington's excellent oculists. His subject was, "The Eye: Its Structure, Diseases, and Treatment," and the lecture was given in so clear a manner that even the uninitiated could understand and enjoy it. Rev. Dr. Buck, of Rock Creek Parish, our beloved and faithful chaplain, was one of the most attentive listeners. At the close of the lecture a vote of thanks was tendered Dr. Belt for the lecture so kindly given by him to the guild. Simple refreshments were then served, and an hour was enjoyably spent in social conversation. More lectures are promised us by other noted specialists in our city for future meetings.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE Tenth Annual Convention of the American Society of Superintendents of Training-Schools was held at Pittsburg, Pa., October 7, 8, and 9. Owing to the excellent management of the Committee on Arrangements, the meetings of the convention were held in the Hotel Schenley, which was also the head-quarters of the members of the society. While the attendance was not large, the meetings were characterized by an unusual degree of enthusiasm. The papers were excellent, the discussions energetic, and at the close of the sessions it was generally agreed that the meetings had been exceedingly interesting and profitable as well. Owing to the very generous—and, in fact, lavish—hospitality extended to the society by the people of Pittsburg, it became necessary to encroach somewhat upon the time set apart for meetings, and the sessions were appointed for an earlier hour than usual.

The first session was called to order at nine-thirty A.M., the president, Miss Giles, in the chair.

The opening prayer was followed by brief addresses of welcome from the Rev. Maitland Alexander, president of the Board of Trustees of the South Side Hospital, and by Dr. J. H. McClelland, chief physician of the Homœopathic Hospital.

Graceful responses to these addresses were made by Miss M. Agnes Snively, superintendent of nurses, Toronto General Hospital, Canada, and Miss Anna Maxwell, the Presbyterian Hospital, New York. The Report of the Council followed, making the encouraging statement that there were twenty-three new candidates for admission to the society.

Letters of resignation were read and accepted from Miss A. I. Robinson, Galt Hospital, Galt, Canada, and Miss Sadie Young, Orchard Lake, Mich.

Letters of regret were read from some of the older members, notably Miss Linda Richards, Worcester Insane Hospital, and Miss Lucetta Gross, Buffalo General Hospital, and letters of greeting followed. Among them was the very interesting letter from the students of Hospital Economics at Teachers College, which we have pleasure in reproducing:

“TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK.

“Miss M. A. Nutting, Secretary Society of Superintendents.

“DEAR MISS NUTTING: We, the present Class in Hospital Economics, Teachers College, wish to extend greetings to the American Society of Superin-

tendents of Training-Schools for Nurses, and beg to acknowledge our indebtedness to that society for the splendid opportunities given us for this advanced work.

"We feel it a great privilege to be a part, however small, of this great university, and to be able to spend a year in this beautiful spot.

"We trust that our work may fully express our appreciation of the course, and of our interested and efficient instructor, Miss Alline.

"MARIE STOTZ, Secretary."

Letters were read from the president of the St. Louis Exposition, from the Mayor of the city, and various other important officials, inviting the society to hold its next annual convention in St. Louis during the Fair in 1904.

The treasurer's report showed not only an empty treasury, but a deficit, caused in part by the great expense of publishing the "Transactions of the Buffalo Congress," for which the society had never been reimbursed.

The report of the Publication Committee called attention to the fact that these "Transactions," which the society had partly paid for, were still unsold, and asked the consideration of the members of means of meeting this difficulty and consequent financial deficit.

In the address of the president the society was reminded of its useful efforts in the past and their far-reaching results. The president urged the society to enter upon the work of the session with a full realization of its importance and of the truly great questions which are requiring consideration and which it may be the Society's high privilege to help in solving, saying in conclusion that "we do not need to wish for tasks equal to our powers, but for powers equal to our tasks."

The reading of papers followed. The first subject was the "Teaching of Current Events," and the intention was to have a symposium of three brief papers on this subject, with the hope that each would present a different point of view, but at a late hour a member who had undertaken to prepare one of these papers was obliged through illness to withdraw.

The two remaining papers, the first by Miss Jane Delano, Bellevue Hospital, New York, the second by Miss Jennie Cottle, Minnequa Hospital, Pueblo, Col., presented somewhat the same point of view, and paved the way for a spirited discussion in which the conclusion was reached that the study of current events, whether in the form of regular classes, lectures, or informal talks, should find its way into schools of nursing. The first day's session closed with a paper on the "Modern Hospital and Nurse," by Miss Alice Griswold, of New York. The session adjourned to repair immediately to another floor of the hotel, there to partake of a very delightful luncheon given to the society by the three Alumnae Associations of the Allegheny General, the Western Pennsylvania, and the South Side Hospitals.

The second day opened with the election of new members, whose names follow:

Miss Katherine Brown, graduate of Presbyterian Hospital, Philadelphia, Pa.; superintendent of nurses, Hospital for Children, San Francisco, Cal.

Miss May H. Bennett, of the Medico-Chirurgical Hospital, Philadelphia; assistant superintendent of nurses, Minnequa Hospital, Pueblo, Col.

Miss Carolyn Van Blarcom, of Johns Hopkins Hospital, Baltimore; assistant superintendent of the same school.

- Miss Annie A. Chesley, of the Johns Hopkins Hospital, Baltimore; in charge of St. Luke's Hospital, Ottawa, Can.
- Miss D. Jeannette Copeland, of the Johns Hopkins Hospital, Baltimore; in charge of the York Hospital, York, Pa.
- Miss Grace Ellsworth, of the University of Michigan Training-School for Nurses; superintendent of nurses, Wesley Hospital, Chicago, Ill.
- Miss Susan J. Fisher, of Connecticut Training-School for Nurses; superintendent of nurses, Butterworth Hospital, Grand Rapids, Mich.
- Miss Olive Fisher, of Philadelphia Hospital Training-School for Nurses; superintendent of nurses, Cincinnati Hospital.
- Mrs. Harriet C. Humphrey, of Hartford Hospital; in charge of Litchfield County Hospital of Winchester.
- Miss Anne C. Jammé, of Johns Hopkins Hospital, Baltimore; superintendent of nurses, New England Hospital, Boston.
- Miss Elsie Mildred Lawler, of Johns Hopkins Hospital, Baltimore; assistant superintendent of same school.
- Miss Hannah Pauline Morris, of Boston City Hospital; superintendent of nurses, McKeesport Hospital, Pa.
- Miss Christine MacLennan, of St. Luke's Training-School, Chicago; superintendent of nurses, Lakeview Hospital, Danville, Ill.
- Miss Clara D. Noyes, of Johns Hopkins Hospital, Baltimore; in charge of St. Luke's Hospital, New Bedford, Mass.
- Miss Minna Russell, of Royal Victoria Hospital, Montreal; assistant superintendent of nurses, Lakeside Hospital, Cleveland, O.
- Miss Anna H. Ross, of Philadelphia Polyclinic; in charge of Carlton County Hospital.
- Miss Agnes D. Randolph, of Virginia Hospital, Richmond; superintendent of nurses, same hospital.
- Miss Harriet A. Sutherland, of Rhode Island Hospital, Providence, R. I.; in charge of St. Luke's Hospital, Utica, N. Y.
- Miss Annie L. Sutherland, of General Hospital, Toronto, Ont.; assistant superintendent of nurses, Lakeside Hospital, Cleveland.
- Miss Annie M. Shields, of Presbyterian Hospital, Philadelphia, Pa.; superintendent of nurses of Methodist Episcopal Hospital, Philadelphia, Pa.
- Mrs. Charlotte S. Taylor, of Lakeside Hospital, Cleveland; assistant superintendent of same school.
- Miss Maude P. Vaughan, of the Newport Hospital; superintendent of nurses, Germantown Hospital.
- Miss Mary J. Weir, of Western Pennsylvania Hospital; superintendent of nurses, South Side Hospital, Pittsburg, Pa.

The report on the course in Hospital Economics at Teachers College, New York, was then presented. This in brief showed a marked increase in the number of candidates, a continuous growth and development of the work in its various aspects, and a growing recognition by the public of its value as indicated by the numerous applications for those graduating from this course to fill hospital positions. The chairman of the Advisory Committee, Miss Banfield, stated that the work seemed in every way to be progressing satisfactorily except in regard to its finances, and urged the members of the society to further efforts to secure the means for the endowment which would enable the society to continue to carry on this work. It was pointed out that in view of the condition of the treasury

no help could be given to the work from that source at present, and individual interest must therefore be relied upon.

New business consisted in the presentation of a letter from the National Council to the president of the American Federation of Nurses in reference to the representation of that body at the forthcoming International Congress at Berlin in 1904. The state of finances rendering it impossible to consider sending delegates, it was decided that representation could only be secured by appointing to that office some one already in Berlin, or one of those intending to be present under any circumstances.

Miss Nutting then presented a brief statement concerning some recent educational advances, notably those within the last year, which have opened up courses *preparatory to nursing* at the Drexel Institute, Philadelphia, and at the Pratt Institute, Brooklyn, N. Y., and have caused similar plans to come up for consideration in other institutions. Attention was called to the increase in the number of instructors appointed and paid to teach special subjects in training-schools, and to a growing tendency to introduce what is called the non-payment system, using the funds thus released for the better housing, instruction, and general welfare of the pupils. The speaker suggested the advisability of the appointment by the council of a small Committee on Education to follow and note all advances and improvements in this direction and to keep the society informed.

The society was then called to consider the recent resignation of Miss L. L. Dock as secretary, who for so many years had so admirably filled that important and difficult position. It seemed impossible to speak too highly of the efficient way in which these honorary duties had always been performed, or to pay too high a tribute to the untiring spirit of devotion to the interests of the society which had helped so largely in its development. It was felt that the society could in no way express its gratitude to Miss Dock for her zealous and unwearying efforts. It desired to place on record its full recognition of the value of these services.

The secretary here read a report from Mrs. Dita H. Kinney, the superintendent of the Army Nurse Corps, presenting in a very interesting manner the changes and achievements of the year, and showing clearly the growing favor in which this very important work is held. The report will appear in full in the proceedings.

The first paper at this session was a description of the new Lying-In Hospital in New York, by Miss C. Louise Burdette. The paper dwelt particularly upon the methods of heating, lighting, and ventilating employed in that institution. At its close some interesting views of the building and interior were passed about among the audience.

The second paper was by Miss Annie W. Goodrich, superintendent of nurses, New York Hospital, on "Some Common Points of Weakness in Hospital Construction." The subject was handled with conspicuous ability, and extended to cover in a measure hospital equipment as well as construction. It was listened to with great attention and followed by a long and earnest discussion. It seemed evident that this matter was one of very large import, to which the society would do well to give further attention.

Miss McKechnie's paper, read by Miss Greenwood, on the "Progress of Legislation" opened up an interesting discussion, and her suggestions later took form in the appointment of a committee to outline for the use of State associa-

tions and others desiring such assistance the society's accepted standards of the minimum requirements for registration, embodying

1. Entrance requirements to schools of nursing, with definite minimum requirements.

2. A definite course of study, with minimum of subjects, time to be devoted to theory and practice, and minimum length of course of training.

The morning session closed and members adjourned by means of specially provided trolleys to the Western Pennsylvania Hospital, where a luncheon was served to the society. After this a demonstration was held in the amphitheatre, which formed one of the most interesting features of the programme. Nursing methods and appliances in use in the New York City Hospital were described by Miss Goodrich, and their uses as far as possible carefully demonstrated, the various electric heating appliances attracting particular attention. Two beautifully made and ingenious swathes, restraining sheets, and waists for irrational patients and an excellent head-bandage were exhibited and their use shown by Miss Hannah Morris, from the Boston City Hospital. The Presbyterian Hospital showed a dainty device for applying an ice-poultice to the throat, appliances of much ingenuity to facilitate the giving of infusions, and other matters, all of which were very attractively demonstrated by Miss Williams, a pupil of the school. The following articles from the Johns Hopkins School were shown and described by Miss Carolyn Van Blarcom, assistant superintendent: a stretcher for lifting patients to and from tubs; an asbestos pipe for giving sweat-baths; an apparatus for supplying steam; extension stockings; tray cover supports, etc. This completed the work of the second session, and proved to be an interesting innovation, which promises to add greatly to the value of future meetings of the society.

The session of the third day began with the election of officers; and following this came a brief informal talk by Miss Palmer on the present status of THE JOURNAL OF NURSING, urging the members to further efforts in helping to maintain its value and interest.

The paper on the "Power and Responsibility of the Society in Public Action," by Miss L. L. Dock, was read by the secretary and aroused much interest and discussion. A very direct practical result came in the form of a resolution from the society protesting against the correspondence schools now so freely advertised.

A most excellent and suggestive paper, by Miss Isabel McIsaac, on the "Teaching of Hygiene" now followed, showing how little in our schools and hospitals we conform to many of the laws of hygiene which we teach. It was a matter of great regret that owing to pressure of time the discussion of this paper could not be prolonged.

The programme closed with a carefully prepared talk on "Modern Hospital Construction," given by Mr. Frank Miles Day, of the well-known firm of architects in Philadelphia. Mr. Day's remarks were full of instruction and information of a kind very difficult to obtain, and the society felt that it should be congratulated upon having secured so able a representative of a subject of importance to all of its members. At the close of this address Mr. Day remained for a species of conference, answering freely the many questions presented to him.

A brief recess followed this, and a short memorial notice of Miss Florence Hutcheson, a member of the society, who died during the year, was presented.

It was then announced that the society would hold its next meeting in Washington in January, 1905. The president-elect was introduced, and in a few words welcomed the society to Washington for the next convention, and with the usual resolutions and hearty vote of thanks the meeting adjourned.

Detailed descriptions of the entertainments, which were planned and carried out on a very generous scale, would occupy more space than is afforded us. From the delightful luncheon at the Hotel Schenley, given by the groups of Alumnae Associations before referred to, an entertainment unique in idea and beautiful in expression, to the final reception at the Homœopathic Hospital, given by the trustees and Ladies' Association, there was hardly an hour of any day outside of sessions that was not pleasantly provided for by the forethought and ingenuity of the president and those associated with her in preparing for the convention. The reception on Wednesday night by the Pittsburg Training-School Association was given in the beautiful ball-room of the Hotel Schenley, lavishly decorated for the occasion with palms and plants. An orchestra provided an abundance of music, and the utmost hospitality prevailed.

The banquet on Thursday evening, arranged by some of the hospital superintendents, was a most sumptuous entertainment. A large number of guests was invited, among them a good many medical men. The decorations were beautiful, the menu elaborate, the toasts and responses enlivening, and nothing was omitted which could afford pleasure to those present. Of the visits to Homestead and other interesting places it can only be said that they were intensely interesting to the members, who found in them events long to be remembered. Members of the society carried away with them at the close of the convention memories of three days of good and stirring work, and of much pleasant entertainment and genial hospitality.

The following officers were elected for the coming year:

President, Miss Georgia M. Nevins, Garfield Hospital, Washington, D. C.

First vice-president, Miss Ida F. Giles, Homœopathic Hospital, Pittsburg, Pa.

Second vice-president, Miss Jennie Cottle, Minnequa Hospital, Pueblo, Col.

Secretary, Miss M. Adelaide Nutting, Johns Hopkins Hospital, Baltimore.

Treasurer, Miss Anna L. Alline, Teachers College, Columbia University, N. Y.

Auditor, Miss Mary A. Samuel, Roosevelt Hospital, New York.

Councillors—Miss Sophia F. Palmer, Rochester, N. Y.; Miss Isabel McIsaac, Chicago, Ill.

M. A. NUTTING, Secretary.

SPANISH-AMERICAN WAR NURSES—REPORT OF FOURTH ANNUAL MEETING

PRESIDIO, SAN FRANCISCO, CAL., August 21 to 26, 1903.

While the city was yet gay with banners in honor of the just departed Grand Army of the Republic, the band of Spanish-American War Nurses were welcomed by their comrades, Miss Helene Gottschalk and Miss Amanda Armistead, at the General Hospital of the Presidio, the extensive and well-kept military reservation bordering on the Golden Gate.

Luncheon was at once served, after which the 'busses of the Quartermaster's Department were brought into requisition and the entire party driven through the Presidio grounds and the Golden Gate Park, where they spent a delightful afternoon. On their return from the drive a tea was served. In the evening many nurses availed themselves of the cordial invitation to attend a reception at

the head-quarters of the Spanish-American War Veterans, who were holding a convention at that time in San Francisco.

The first business session was held in Albion Hall, in Alcazar Building, 120 Farrell Street, from ten A.M. to twelve o'clock, August 22.

The fourth annual meeting was called to order by Miss Amanda J. Armistead, president of Camp Golden Gate, California. After briefly stating the object of the meeting and reporting the unavoidable absence of the president, secretary, and treasurer, nominations for permanent chairman, to be selected from the vice-presidents in attendance, were called for. By unanimous vote Dr. Mary Esser, vice-president, from Camp Liberty Bell, Philadelphia, Pa., was elected. Miss Rebecca Jackson, of the same camp and city, was elected secretary pro tem. In accordance with a resolution adopted at the last annual convention, in Washington, D. C., empowering the president to employ a clerk, Mrs. F. H. Colburn, of San Francisco, was appointed to attend to the clerical details of the meeting.

Upon roll-call the following active members answered to their names: Sarah A. Bauer, Minnie Cooke, Mary E. Esser, Helene M. Gottschalk, Lauretta Hughes, Mary B. Howland, Rebecca Jackson, E. B. Jones, Lena Luda Konkle, Elizabeth McCoy, Edith H. Rutley, Lillian C. Riley, Mrs. Henry C. Smith (formerly Sadie Payne), Rhoda D. Sutcliff, Eva Dora Weber, Isabelle J. Walton, Frances M. West, Eleanor E. Williams, and Agnes C. Young.

The president's address was then read as follows:

"To the Spanish-American War Nurses in their fourth annual meeting assembled I send most cordial and heartfelt greetings. It being, to my most sincere regret, impossible for me to attend the meeting in person, all I can do is to send my love and best wishes, together with a report of what has been done during the past eight months and what plans are on foot for the coming year. Activity has been shown in various directions, and several questions are to be presented for action at this time.

" MONUMENT.

"At the first meeting of the society one of the earliest members presented a plan of hers for the erection in the National Cemetery at Arlington, Va., near Washington, of a monument in memory of the nurses who died in 1898. The idea was approved, and a fund for the purpose was started. Delay was experienced through the failure of the Secretary of War to give his approval, but I have now received assurances, both from the Secretary and from the new Quartermaster-General, that if we so desire we may erect a simple and artistic monument in the centre of the plot in Arlington which has been set aside for army nurses serving in and since the Spanish War. I would call your attention to the fact that as yet (the whole matter having so long been in abeyance) no decision has been reached as to the exact persons it is intended to honor. The original idea was to include the trained nurses, untrained "immunes" (together numbering about seven), Catholic sisters (five), and male contract nurses (number unknown to me) who died in 1898, either while under contract or shortly after annulment of contract and as a result of army service. Hospital corps men, being enlisted, were not included, but all entitled to burial in our plot were included.

"As a matter of fact, not one of the persons above specified was actually buried in Arlington in 1898, nor, indeed, was any plot there then. According to a report this month from the War Department two women and two men are now buried there—viz., Mrs. Anna Campos and Mrs. Isabella B. Bradford, both untrained 'immunes' who served in 1898 but died later (if my memory is correct);

Mr. John H. Greeley and Mr. Samuel J. Fitzgerald. It is evident that our society does not care to erect a monument to the nurses actually buried in Arlington; it is also evident, although many of us hope one day to have the honor of lying in our National Cemetery, that we cannot at this time erect a monument to ourselves. There remains, then, the question, Shall all the contract nurses dying in 1898 be included, or would you limit it to women nurses, whom we could more properly call 'our comrades,' or even to the few trained nurses who gave their lives? I greatly regret that I have not the list at hand, owing to absence from home, but according to my memory *about* five trained nurses died.

"Your Committee on Monument presents a report regarding designs and cost. In a recent interview with Quartermaster-General Humphreys he told me that a simple stone, with inscription, if of graceful outline, costing perhaps less than one thousand dollars, would be acceptable. For this price we could not have bronze tablets or bass-reliefs or elaborate carving, but the general size and dignity of the monument would be the same as proposed by the committee. I owe an apology to the committee for sending this information directly to you, but I chanced to see General Humphreys while he was on a brief vacation, too late to be of service to the committee.

"After you have heard the committee's report, I ask you to vote on the resolution included in it, adopting or rejecting it in toto, or altering it as you see fit. Also that you vote specifically regarding persons whom you intend to honor. If the monument is to be erected, a contract should be made at an early date, and the fund (now amounting to three hundred and forty-one dollars) should be increased to the desired amount.

"FINANCES.

"It is a pleasure to note that our life-membership list includes eighty names. Let me appeal to all members present to send in at once their ten-dollar fee, as it is highly desirable that we have as many life members as possible. This money is not spent, but is invested as a permanent fund, the interest on which may be used for current expenses if necessary or may be otherwise utilized. It is my purpose to recommend to the next meeting of the society such changes in the by-laws as will merge the benefit fund in the permanent fund, so that while not appearing as a benefit society (which is undesirable if we incorporate) we shall yet have some income which can be used for benefit or other desirable objects, as the society may desire. Benefits will be far more needed in the future than at present, and I think we should provide for that future by having our dues all paid up now, and at the same time having a nice little permanent fund invested and bringing in interest. I regret to say that the treasurer has not bought the bonds, as instructed at the last meeting, but presume that will shortly be done. Meantime the money is in a good savings-bank. The present treasurer was not willing to be bonded, so that is also a matter to be taken up by the new officers to be elected at this meeting.

"The treasurer reports a surprising number of delinquents—can we not reach them somehow?

"The list of members, ordered printed in *THE AMERICAN JOURNAL OF NURSING* on condition that it could be so printed free of charge to the society, did not appear, owing to the large expense entailed, as the *JOURNAL* stated that the society must bear all expense.

"Shall we reprint the list ourselves? Shall we reprint the constitution and by-laws, as the old edition is exhausted?

"NAVY NURSE BILL.

"The original bill providing for trained women nurses in the navy, as prepared by Dr. Boyd, U. S. N., amended by a committee from our society, and introduced in the United States Senate at our request, was referred to the Navy Department and there promptly killed by the opposition of the army to anything so much superior to what the army nurse corps had. We had intended to get the good things for the navy and then promptly ask them for the army too, but that 'was not to be.' The Surgeon-General of the Navy then took the army law as a basis, and after the army representative had made two or three suggestions, referred it to me. I wrote it over several times, each time seeking approval for some point of advantage, and when at last it seemed the best that could be obtained it was reintroduced in the Senate (at my request) and went before the Secretary of the Navy in the new form.

"The Secretary assured me that he fully appreciated the advantage of having trained nurses, but he finally disapproved the bill and asked for one merely giving authority for employment of nurses at army rates under regulations for any Secretary to make or change. This, of course, no one else wanted, and so the matter rests till the next Congress convenes. I have received encouragement from both houses of Congress, but, unfortunately, it is exceedingly difficult to secure passage of such a bill over the Secretary's disapproval. I hope he may be persuaded to change his mind! If he does, we are sure of success—if not, it is doubtful. Time does not permit giving in detail the sections of the bill, but it appeared in the JOURNAL, and my reports of progress, as your committee, were both in that magazine and in the *Trained Nurse*.

"FUTURE MEETINGS.

"The Spanish War Veterans have invited us to attend the social features of their next annual encampment at New Haven, Conn., September 28, 29, and 30. I expect to be present, and so do quite a number of our members. I suggest that your next president immediately appoint a committee to confer with the Veterans at this encampment regarding some form of alliance as suggested by officers of the Veterans, and would suggest that a mutual recognition of each other's existence and good-will would be entirely appropriate and helpful. A resolution may be passed by you now if desired, or the matter may wait till next year.

"Arrangements have already been made for our next meeting in St. Louis, and the hall for a meeting-place has been kindly offered us by the Board of Lady Managers. The Exposition authorities have voted us special recognition in giving us a day, September 10, 1904, in conjunction with the Spanish War Veterans. Miss Robins fortunately secured this recognition for us, and our meeting should be held just before or after that date. The Veterans will meet there at the same time. I ask for a vote of approval of these plans.

[Note.—See report of New Haven gathering for change of date to end of September.—A. N. M.]

"HISTORY.

"I beg to lay before you a plan for work which I believe our society peculiarly fitted to perform. I propose that we combine to 'write a picture' of 'Nursing in the Spanish War,' such as will give a vivid account of all sides of your lives with the army. Each hospital should have a committee to see that

it is properly presented, and that all sides—work, pathos, humor—are shown. I shall, if you will help me with this field part, prepare the full record of the administrative work and statistics. Whether this shall form the whole book, or whether I shall write also chapters on related historical subjects, will be a question that must be decided later. After the book is well under way its exact contents, in addition to the Spanish War part, must be determined. The same is true of the question of whether I shall personally publish the book or whether the society will undertake it. I have been in correspondence with well-known publishers and shall be guided by their judgment. Probably it should have a subscription list among our members, for as the life of the nurse in the Spanish War is to be the central idea, all will want it. Let us do the work this year and be ready with a report for further instructions at the St. Louis meeting. Will you join me in it?

“And now *au revoir*! I hope your next president will enjoy her office and her close association with our brave army nurses as much as I have done! Wherever you go, God bless you!

“ANITA NEWCOMB MCGEE.”

Greetings were read from Margaret J. MacPherson, Camp Hope, Providence, R. I.; Chas. R. Greenleaf, Redondo Beach, Cal.; Lela Wilson, Jamaica Plains, Mass.; Theresa Erickson, Santa Fé Hospital, Albuquerque, N. M.; Alice P. Lyon, Camp Roosevelt, New York City. Upon motion of Miss Gottschalk, seconded by Miss Armistead, the greetings were accepted and placed on file.

Reports were read from Camp Roger Wolcott, Boston, Mass.; Camp Liberty Bell, Philadelphia, Pa.; Camp Roosevelt, New York City, and from Camp Golden Gate, San Francisco, Cal. Upon motion of Miss Walton, seconded by Miss Gottschalk, the reports were received and placed on file. No reports were at hand from Camp Anita Newcomb McGee, Washington, D. C., or Camp Hope, Providence, R. I.

It was moved, seconded, and carried to dispense with the reading of the minutes of the last annual meeting.

The report of the corresponding secretary was then read, as follows:

“It is but eight months since our memorable meeting in Washington, D. C., and there is but little for your corresponding secretary to report. One member has died, one has entered a convent, and eleven marriages have been reported. It has been a source of much gratification that so many members have been careful about sending changes of address. Never before has so much care been exercised in this regard, and it is fully appreciated. It seems strange that at this late date any member should not know that the life membership is ten dollars, and not eight dollars. If members would only read carefully the printed reports and the circulars sent them, they would save much of their own time, as well as that of others. The idea of the local organization, the “Camp,” certainly was a happy one. Six camps are now flourishing in as many cities; they are of the greatest service in keeping members in closer touch, hunting up those who have been lost, and in bringing forward candidates for membership. One camp has sent to the corresponding secretary a report of each meeting, a courtesy much appreciated. It is earnestly hoped that Chicago, Brooklyn, St. Louis, and Manila may follow the example of San Francisco, Washington, Providence, Philadelphia, Boston, and New York. We have now five hundred and seventy members, of whom eighty are life members.

" OBITUARY.

" Death has claimed but one of our members since our last meeting. Mrs. Pusy Wollaston, Elizabeth N. Hallowell before her marriage, died of pneumonia on February 23 at her home in New Garden, Pa. Mrs. Wollaston joined the Spanish-American War Nurses in the spring of 1900; she was a graduate of the Philadelphia Lying-In and Surgical Hospital, graduated in 1889. She served in the Second Division Hospital, Jacksonville, Fla., also in the hospital at Camp Cuba Libre. She was in the army from October 23 to November 24. She attended our first meeting in New York, but not since. One of the Spanish-American War Nurses writes thus: 'I was present at her burial and asked the privilege of pinning on her a Spanish-American War Nurse badge, which was granted.'

" HARRIET CAMP LOUNSBERY, Corresponding Secretary."

After the acceptance of this report, that of the treasurer (Mrs. Lounsbery) and the auditor's certificate of a bookkeeper of Charleston, W. Va., were read. [Note.—The treasurer's books are to be audited by a committee of the society before the bonding. When this is done report will be published.—A. N. M.]

A very full and complete report from the Monument Committee was read, relating especially to designs proposed by sculptors and by Tiffany & Company, and costing at least three thousand dollars. Upon motion it was received and placed on file, with the request that the chair appoint a committee of three to report upon the following resolution contained in the report:

" *Resolved*, That the society proceed as soon as possible to the erection of the proposed monument to deceased army nurses in the National Cemetery at Arlington, Virginia, and that to this end the monument fund be increased to at least three thousand dollars; that a committee be elected to select a sculptor who shall make a design satisfactory to the committee and to the Secretary of War, and with whom a contract for erection of the monument shall be made."

Report signed by Esther V. Hasson, chairman, and Susie F. Saunders, Monument Committee.

The chair named Miss Armistead, Miss Walton, and Miss Rutley as the special committee.

At twelve-thirty o'clock the meeting adjourned to meet Monday, August 24, at ten A.M.

At two P.M. the visitors were tendered a trolley ride on the commodious car "Atlanta" by the nurses stationed at the General Hospital at Presidio and the members of Camp Golden Gate jointly. The ride included the Cliff House, Golden Gate Park, Mission Dolores, and other points of interest.

In the evening a reception was tendered the nurses at the Sorosis Club House, 1620 California Street. Major Kendall, commanding officer of the General Hospital, Presidio, made an appreciative and happy address of welcome. Golden Gate Camp was assisted in receiving by a number of officers and their wives, and during the evening some excellent music was rendered. Felicitous remarks were made by the British Vice-Consul, Courtenay W. Bennett, who found much to praise in the humane work of the trained nurses of the British and American armies. Colonel Kilburne, Chief Surgeon of the Department of California, told some good stories about the nurses serving under him during the war with Spain. He managed to make his reminiscences very favorable to the nurses, even

when his auditors laughed at the situations depicted. During the evening dainty refreshments were served and those in uniforms made themselves useful in looking after the comfort and pleasure of the invited guests and visitors.

On Sunday afternoon, from four to six o'clock, an informal reception was tendered the Spanish-American War Nurses by the Nurses' Settlement at 420 Tehama Street, San Francisco. The visitors made a thorough inspection of the work done here and expressed themselves much pleased with the results. This settlement is making a brave effort in the face of many obstacles to do effective work among the poorer classes, and is quite in accord with the Hull House plans being tried here and in other large cities.

On Monday morning, August 24, the second business session was called to order at Albion Hall, Dr. Mary Esser, vice-president, in the chair. Miss Rebecca Jackson, of Camp Liberty Bell, Philadelphia, acted as secretary pro tem. Upon roll-call twenty-one members were found to be present.

By unanimous vote five candidates were elected to active membership—viz., Elizabeth Hogan, Elizabeth Xander, Kate M. Walsh, Eleanor B. Nicholson, and Margaret McDonald.

The next order of business was the election and nomination of officers for the ensuing year. Miss Eva Dora Weber, of Golden Gate Camp, nominated Dr. Anita McGee for president. Half a dozen delegates seconded the nomination, and upon motion the nominations were closed and the secretary was instructed to cast a unanimous ballot. While this was being done the assembled nurses stood in honor of the signal service already rendered by Dr. McGee.

Out of seventeen nominations for vice-president the following received the highest number of votes and were declared duly elected for the ensuing year: Mary E. Esser, Amanda J. Armistead, Annie A. Robbins, Isabelle J. Walton, Isabel E. Cowan, Helene M. Gottschalk, Esther V. Hasson, Elizabeth Stack, Frances M. West, and Sarah Whelpton.

Miss Lela Wilson and Mrs. Harriet Camp Lounsbery were unanimously reelected respectively recording secretary and treasurer.

At twelve-thirty a recess was taken until two P.M.

Afternoon Session, 2 P.M.

Miss Rebecca Jackson having left the city, the chair appointed Miss Amanda J. Armistead to act as secretary pro tem.

The president's address was taken up for discussion of its topics seriatim. The report of Miss Armistead, chairman of the Special Committee on Monument, was verbal and recommended a general discussion by all those present. After discussion a vote was finally passed to postpone definite action until the next annual meeting.

It was moved, seconded, and carried that the bonding of the treasurer be referred to the Executive Committee with power to act. [Note.—Treasurer reported to Executive Committee at New Haven, September 30, that bonding would be attended to promptly as soon as Auditing Committee work was done.—SECRETARY.]

It was moved and carried that delinquent members be notified by the treasurer of the amount of their arrears through the medium of first-class mail postage, as second-class matter is not forwarded, and again asked to pay their dues.

It was moved and carried that the constitution and by-laws be printed and mailed to each member under first-class postage, that the booklet contain a revised list of members to date, that each member be asked to remit ten cents to cover expense of same, and that the president and corresponding secretary be empowered to do the necessary work.

It was moved and carried that special attention be called by the corresponding secretary in her circular to delinquents to the fact that the dues date from joining the Spanish-American War Nurses, and that a fee of ten dollars additional makes them life members.

It was moved and carried that Dr. McGee be empowered to designate the hospitals and appoint the necessary committees to collect the data needed for the preliminary work of compiling a complete history of the nurses' work in the Spanish-American War, with instructions to report at the next annual meeting, at St. Louis in 1904. At first there was some misapprehension on the part of the nurses as to what was requested of them individually when the report of the president was read asking for data for a complete history of the nurses' work in the Spanish-American War, each one seeming to feel that it was a stupendous undertaking, but when Miss Walton explained that it was just a "remembrance meeting" written out in full, promises of written accounts of actual field work were readily given. A general reminiscence meeting at St. Louis was asked for by all, and the president is respectfully requested to arrange for it.

By a unanimous vote Miss Irene Sutcliffe, of South Norwalk, Conn., was made an honorary member. Several nominations for honorary members were made, and, as usual, laid over until next meeting. Letters of greeting and acceptances of honorary membership were received and placed on file from the following: General George M. Sternberg, Mrs. Bell M. Draper, Miss Ella Loraine Dorsey, Miss Mary Desha, Mrs. Royal M. Gage, Mrs. M. Antoinette Gilston, Mrs. Whitelaw Reid, Miss Mary Wadley, Mrs. Ella Hardin Wallworth, Miss Lucy L. Wheeler, Miss Julia K. Wheeler, and Miss Carrie P. Wheeler.

Hearty votes of thanks were given to the various individuals and societies entertaining or showing other courtesies to the nurses.

The fourth annual meeting then adjourned *sine die*.

An entertainment which was appreciated in the highest degree was that given by the Pacific Coast Graduated Nurses' Club on Tuesday evening, August 25. This newly formed organization took the war nurses for a trip through Chinatown, including boxes at the Chinese theatre and tea and cakes at a Chinese restaurant.

An additional interest was given to the evening by the fact that the party was escorted by an official guide, Sergeant James P. Chadwick, who is a Spanish War veteran and who had hastened to offer his services to the nurses.

On Wednesday evening, August 26, the Children's Hospital Nurses' Alumnae Association gave the Spanish-American War Nurses a reception in their home. The Board of Managers of the hospital and the medical staff with their wives assisted in receiving. An interesting programme, including music, was given, the hospital was thrown open, and everything combined to make this closing event a memorable evening. The meeting, in spite of the very small attendance, was a noteworthy one from the number and variety of the invitations received and especially the cordial hospitality offered by the army and the San Francisco nurses.

ANITA NEWCOMB MCGEE, President.

LELA WILSON, Recording Secretary.

NOTICE

THE new list of members is being revised in readiness for the publication of the proceedings of the recent convention of the American Society of Superintendents of Training-Schools for Nurses. All members whose addresses have changed since the last date of publication are requested to send the correct address to the secretary without delay.

M. A. NUTTING, Secretary.

SCHOOL NURSES DURING VACATION

THE School Nurses have started their fall work, beginning with the opening of the session September 14. The staff numbers twenty-eight, as formerly, no other appointments having been made except those to fill the vacancies caused by nurses giving up the work.

During the vacation a very important and beneficial work was taken up. A number of the nurses were detailed by the Department of Health to make daily visits to children under one year of age, who were suffering from the various diseases incident to young children during the summer months and who were not receiving any care from other sources. A great deal was done by instructing the mothers in regard to food, bathing, fresh air, etc. Milk and ice tickets were given for distribution and also tickets for the St. John's Guild Floating Hospital.

The results were very satisfactory, considering there was not as much sickness on account of the cool summer.

LINA L. ROGERS.

NEW JERSEY STATE ASSOCIATION

THE second annual meeting of the New Jersey State Nurses' Association will be held at Mercer Hospital, Trenton, N. J., on Tuesday, December 1. A large attendance is desired.

PROGRAMME.

One-thirty P.M., greetings and registration.

Two P.M., call to order.

Prayer by the medical director of the Mercer Hospital.

Address of welcome.

Response by president.

Addresses.

Report of Committee on Arrangements.

Reading of minutes of last meeting.

Secretary's annual report.

Treasurer's annual report.

Reports of standing committees.

Recess of fifteen minutes, during which time members are requested to cast their ballots for new officers. Ballot-box will be found near registering place.

Second Call to Order.

Report of delegates to State Federation of Women's Clubs.

Appointing of Nominating Committee from the floor for next annual election.

Next annual meeting place named.

Report of Nominating Committee on election.

Appointing of chairman of committee by president.

New business.

Adjournment.

THE NEW YORK STATE MEETING

THE New York State Nurses' Association met in the rooms of the League for Political Education, New York City, Tuesday, October 20, Miss Annie Rhodes, the president, in the chair.

At the morning session the roll was called, the minutes read, and the reports received from the Credentials Committee, the treasurer, and the Examining Board. Great pleasure was evinced at the work accomplished in so short a time by the Examining Board.

During the afternoon session Dr. A. T. Bristow, of Brooklyn, gave a very forceful address on the subject of "Registration and What it has Done for the Medical Profession." Then followed an able address by Miss Delano, superintendent of Bellevue Training-School, subject, "Registration for Nurses." The registration blanks, both for the individual and the training-schools, were discussed and, owing to a difference of opinion as to the exact requirements, the association appointed a delegate to visit the Regents' office, Albany, and inquire into the points under discussion.

The delegate was instructed to report the result of this interview to the secretary of the association, who will issue a circular of information on the subject to all individual members and to the secretaries of the organizations connected with the association.

Such information will also be published through our official organ, THE AMERICAN JOURNAL OF NURSING.

The Nominating Committee appointed from the floor to serve with the three trustees is composed of Mr. Sanford, Miss Wilson, and Miss Samuel. This committee was empowered to nominate three members, from whom the association will elect two at the April meeting from whom the Board of Regents will select one to serve on the Board of Nurse Examiners for five years.

A very recherché luncheon was given at the Manhattan Hotel by the New York Hospital Training-School Alumnæ Association to the officers, the members of the Examining Board, and all delegates present.

The meeting adjourned at four P.M., the next meeting being the annual one at Albany the third Tuesday in April, 1904.

JESSIE MCCALLAM, Secretary,
Post-Graduate Hospital.

NOTICE

THE Publication Committee calls attention to the reduction in price of the "Transactions of the Congress of Nurses at Buffalo" from one dollar and twenty-five cents to one dollar per volume. They may be obtained by applying to Miss Tamar E. Healy, 160 Joralemon Street, Brooklyn, N. Y., or to Miss Anna L. Alline, 402 West One-Hundred-and-Twenty-fourth Street, New York City.

M. A. NUTTING, Chairman.

THE trained nurses of Minnesota are forming a State organization to secure registration. At a recent meeting of the Ramsey County Association the following officers were elected: President, Mary Woods; vice-president, Maud Worthington; secretary, Helen Swanson; treasurer, Grace Holms.

REGULAR MEETINGS

DANBURY, CONN.—The regular meeting of the Graduate Nurses' Association of the Danbury Hospital was held at the office of Dr. Annie K. Bailey. After the usual formalities were disposed of the first business in order was the reading of a letter from Miss Linda Richards, "The Pioneer Nurse of America," which is esteemed of much value by the association. This was followed by consideration of the closing song for the association, written by Miss Marion Thornton, of Danbury, which beautifully expresses in a very complete manner the standard of the association. The address of welcome to the new graduates was admirably given by Miss Lulu Comstock. Miss Emma Corbin was no less practical in her presentation of the constitution and by-laws of the association. Miss Margaret Elligott in her response for the Class of 1903 did credit to her class. A short talk was given by the special presiding officer of the association on "Larger Fields of Usefulness for the Trained Nurses," which consisted largely of suggestions advanced by the last International Congress of Nurses; this included, first, the trained nurse in connection with the Board of Health as sanitary inspectors, being so successfully carried out in large cities; second, district or visiting nurses in connection with organized charities. Physicians are staunch supporters of this field of work, especially in England and Germany; third, the trained nurse in connection with the School Board. This feature of work is considered ideal and complete when the physician and nurse work together in school inspection, the nurse, being able to recognize symptoms, reports to the doctor, and thus contagious diseases are much curtailed. A report on this branch of the work says, "The visits of a nurse in a large infants' school have proved most beneficial to the health of the children, so much so it could be wished that the School Board might make such visits universal in their schools in poor localities." Another writer adds, "The public generally have not fully realized the very rapid progress which nursing is passing through in order to keep pace with the demands made upon it by scientific medicine and surgery." The unique work of Florence Nightingale is pronounced the heritage of humanity in that she laid down the laws and principles of nursing on a scientific basis, and that nurses of all nations owe her an inestimable debt. The remarks from friends present were encouraging and inspiring. It was voted that Miss Linda Richards's letter be put upon the permanent records. It was voted that the words of the closing song by Miss Marion Thornton and the tune, "Boylston," be put upon the permanent records. It was voted that the names of Miss Lulu Comstock, Miss Emma Corbin, and Miss Margaret Elligott be placed upon the permanent records in connection with their respective parts. It was voted that the October meeting, which occurs on Sunday, be held at the hospital, and that the special presiding officer arrange the programme for the service. A rising vote of thanks was given to express the pleasure of the association at the presence of friends. The meeting adjourned at four o'clock.

ON Tuesday evening, September 29, the Alumnae Association of the Connecticut Training-School for Nurses had the honor of entertaining the Spanish-American War Nurses at the Nurses' Home, Howard Avenue, New Haven, Conn. Among the war nurses present were Dr. Anita Newcomb McGee, Dr. Laura A. C. Hughes, Miss Lela Wilson, Miss Esther V. Hasson, Miss C. D. Pilgard, Miss Anna D. Schaffer, Miss Rebecca Jackson, Miss L. M. Goodell, Miss M. J. Kennedy,

Miss A. E. Kimper, Miss A. Mackreth, Miss Laura Pearrine, Miss H. M. Wood-dell, Miss J. E. Bird, Miss E. Suckley, Miss McHugh, Mrs. K. W. Eastman, Miss Sara R. Langstrom, Miss Susie Saunders, Miss Amy Todd, Miss Grace Merritt, Miss Alice Matthews, Miss Johanna Schmidt, Miss G. Davies, Miss M. Hazlett, Miss E. Tuttle, Miss MacPherson, Miss B. Ross, Miss E. Fleming, Miss S. E. Newell, Miss S. A. Groves, Miss H. Kelley, Miss St. John, Miss Rose M. Heavren.

The alumnae members were assisted in receiving by Miss Emma L. Stowe, superintendent of nurses at the New Haven Hospital, and by Mrs. Charles B. Richards, Mrs. Wm. G. Mister, Mrs. Francis Bacon, and Miss Emily E. Betts, members of the Executive Committee of the Connecticut Training-School.

Miss Albaugh, superintendent of nurses at Grace Hospital, New Haven, was present with eight nurses.

Many graduates not members of the Alumnae Association attended. Light refreshments were served. All present spent a very enjoyable evening.

NEW YORK.—A meeting of Camp Roosevelt was held at 155 East Eighty-third Street, New York, on October 5, at three P.M., with upward of fifteen members present, Miss Susie Saunders (captain) in the chair. A report was given in such glowing terms of the New Haven meeting that those present who had been unable to attend that auspicious event felt that they had missed a very great pleasure. It was voted to send a letter of thanks to Adjutant Dyer, of Washington, from the camp expressing our gratitude to the Spanish War Veterans for the splendid manner in which they entertained us at their "encampment." It was also decided to send to our president, Dr. McGee, a vote of thanks for all she had done to promote our pleasure and happiness in New Haven, and to express to her the honor we felt at having her as the guest of Camp Roosevelt at the luncheon of the Spanish War Nurses. Before the close of the meeting refreshments were served by Miss Haltern in her usual hospitable manner. Camp Roosevelt will meet again on Monday, November 2, at three P.M., at 155 East Eighty-third Street. All members are urgently requested to attend, as several important matters are to be brought up for discussion.

BOSTON.—The first monthly meeting of the New England Hospital Alumnae Association was held on Saturday afternoon, October 10, at three P.M. in the reading-room of the Nurses' Club-House. In the absence of Miss Hodgins, the president, Mrs. Mary C. Hall, first vice-president, presided. There were fourteen members present. The business on hand was discussed, reports were read from the delegates, and a paper on smallpox was read by Miss Beatty. The paper was written by Miss L. Furber, a graduate of the Training-School, and now assistant superintendent at the West Pennsylvania Hospital, Pittsburg. Many thanks are due to Miss Furber for expending so much time in gathering statistics for the paper. The registry has been removed from the hospital to the Club-House, where nurses will be furnished at any hour of the day or night. The meeting adjourned at four-fifteen P.M. The members enjoyed a pleasant chat and cup of tea, after which they spent some time overlooking the house. The meeting of the stockholders was called to order by the president, Miss A. C. Jammé, at four forty-five P.M. At seven P.M. all sat down to a typical Saturday New England supper (pork and beans).

ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training-School for Nurses was held October 14, 1903, at 449 Main Street, and was well attended. Our delegate to the National Alumnae Association, Miss Cora Hollister, was unavoidably absent, and much disappointment was felt that no report had been sent. We learned with regret that one of our members, Miss Charlotte Layton, was in the Orange Memorial Hospital suffering from an attack of typhoid fever. It was voted that a letter of sympathy be sent to her with flowers. A Reception Committee was appointed to make arrangements for an informal tea to be given to the graduating Class of 1903 in November. Officers for the coming year were then elected as follows: President, Miss Margaret Anderson; first vice-president, Miss J. M. Houlden; second vice-president, Miss M. L. Wehrly; treasurer, Miss Margaret Squire; secretary, Miss Anna Great-singer, after which a vote of thanks was tendered to the retiring officers and the meeting adjourned to enjoy refreshments and a social hour.

PHOENIXVILLE, PA.—The first meeting of Phoenixville and Chester County Nurses was held in Phoenixville Hospital on September 25, 1903, at two o'clock, for the purpose of furthering State registration and for raising the standard of the nursing profession. Miss Constance Curtis, superintendent of the Phoenixville Hospital, was elected president and also elected delegate to the Nurses' State Convention, held in Pittsburg, October 5 and 6. The second meeting was held in the Chester County Hospital, West Chester, Pa., on October 15, at two o'clock, at which it was decided that the organization should be known as the Chester County Nurses' Association. The minutes of the last meeting were read, after which Miss Curtis gave us a very interesting report of the State Convention held in Pittsburg. A special meeting will be held on the first Thursday in February in the Chester County Hospital. It was decided to date the fiscal year of the association from the first Thursday in September.

PHILADELPHIA.—The regular meeting of the Nurses' Alumnae Association of the Methodist Episcopal Hospital of Philadelphia was held in the hospital chapel on September 24, with the president, Miss Townshend, in the chair. Fifteen members responded to roll-call. After the regular business the members were informed that the new alumnae pins were on hand. A committee was appointed to revise the constitution and by-laws. Misses Edith Wetherill and Ella Sauer were appointed delegates to the State Association meeting to be held in Pittsburg. Miss L. Kurath, delegate to the convention in Boston, read a report of that meeting. It was decided that each member be presented with a report of the convention. A very interesting letter was read from Miss M. Cooke, who is in the Buena Vista Sanatorium, San Francisco, Cal.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Alumnae Association was held at the Training-School on Tuesday, October 6, at three-thirty P.M., the president, Miss Van Ingen, in the chair. There were fifteen members present. The chairman of the Sick Committee reported one application for sick benefit. A motion was made and carried that a committee be appointed by the president to meet and make final arrangements for the fair, the proceeds of which go to the endowment fund. On account of the small attendance it was decided to reserve the delegates' report of the June Convention in Boston until the next meeting, when a fuller membership will be represented. The meeting then adjourned for refreshments and social intercourse.

ST. CATHARINES, ONT.—The Alumnae Association of Mack Training-School for Nurses held its third annual meeting at Nurses' Home September 7, 1903. The annual reports of the secretary and treasurer were read and approved. Fifteen members were present. Several letters were received from absent members. The most important business was the election of officers for the ensuing year: President, Miss I. Gould; vice-president, Mrs. Parnell; second vice-president, Miss Marriott; secretary-treasurer, M. B. Smith. An association pin was adopted. After the meeting adjourned the nurses were entertained at luncheon. A vote of thanks was tendered to Miss Hollingworth, superintendent, for the hospitality shown to the graduates.

NEW YORK.—The first regular meeting after the vacation—since June—of the New York Hospital Alumnae Association was held on October 14. There was quite a large attendance, and much interest was manifested in the proceedings. The resignation of the secretary, Miss A. L. MacDonnell, was accepted very regretfully. We are sorry to lose such an efficient officer. Misses Adaline Henderson and Anna B. Duncan were appointed delegates to the meeting of the State Association on the 20th. Miss Ada B. Stewart was appointed a delegate to the meeting of the State Federation of Women's Clubs at Utica, N. Y., in November. We were made happy by the presence of Miss Irene Sutcliffe, for the first time in about two years.

BROOKLYN, N. Y.—The regular quarterly meeting of the Graduate Nurses' Association, County of Kings, N. Y., was held October 1, 1903. Notwithstanding the absence of many of the members from the city, the meeting was well attended. Much interest was manifested by those present in the report of the Literary Committee, the chairman, Miss M. O'Neill, reporting that a course of lectures for the coming season on special and general topics was being prepared. The report was accepted. It was voted by the members present that the lectures be given, the subjects and dates for the course to be arranged by the committee and announced at the next regular meeting of the society.

PHILADELPHIA, PA.—The regular monthly meeting of the Alumnae of the University Hospital was held in the Nurses' Home on October 5, the president, Miss Rudden, in the chair. The minutes of the last meeting were read and approved. The regular secretary, Miss Casey, has not yet returned from abroad. The treasurer being still absent on her summer's outing, there was no report. Chairman, Miss A. E. Brobson, of State Association, at meeting in Pittsburg, with Miss Lasater as delegate. Eight members responded to roll-call. Six names were proposed for membership. Very animated discussions on various topics followed, after which the meeting adjourned.

EL PASO, TEX.—The nurses of Providence Hospital, El Paso, Tex., assisted by their friends, gave an entertainment last Wednesday evening, September 13, the proceeds of which they will donate to the furnishing of the operating-room. It was a decided success, both socially and financially, and pleased an audience of over one hundred people. The large male ward looked very attractive decorated with palms and potted plants, and festoons of blue and white ribbon, the class colors, hung from the ceiling, the gas-jets, and every available spot. The nurses displayed more than ordinary talent in the comedies. The sum of ninety-five dollars was realized.

UTICA, N. Y.—The regular quarterly meeting of the Alumnae Association of the Faxon Hospital Training-School for Nurses was held in the parlors of the Florence Nightingale Home for Nurses, September 8, at three-thirty o'clock, with the president, Miss Anna O'Neil, in the chair. Miss O'Neil read a very interesting report of the convention in Boston last June, to which she went as delegate. It was decided to have a course of lectures on parliamentary law during the winter, and Miss Symonds and Miss Roberts were appointed a Committee on Arrangements.

ROCHESTER, N. Y.—The annual meeting of the Rochester City Hospital Alumnae Association was held at the City Hospital on Tuesday, October 13. There was a good attendance and four new members were elected. Several important matters relating to the directory were discussed and acted upon. The election of officers resulted as follows: President, Jean Wilson; first vice-president, Lillie Hambly; second vice-president, Margaret McLaren; recording secretary, M. P. Phelan; corresponding secretary, Mae Connor; treasurer, Emma Knowles.

CLEVELAND, O.—The regular monthly meeting of the Graduate Nurses' Association was held in the Young Men's Christian Association Building on Tuesday, September 29, the president, Miss Brockway, in the chair. The members voted to make a few minor changes in the constitution, also to have it reprinted. Miss Ellis, of Lakeside Hospital, spoke of the need of a central directory for nurses, which led to a lively discussion. This matter was finally placed in the hands of a committee, who will obtain further information and report at the October meeting.

RALEIGH, N. C.—The Graduate Nurses of Raleigh met September 26 in the Lucken Building, and reorganized and adopted a new constitution and by-laws. Hereafter only nurses holding diplomas and having high moral character will be considered eligible for membership. It is hoped this organization will do a great deal to elevate the profession in Raleigh and vicinity. The officers elected were: President, Miss Anna Lee DeVane; vice-president, Miss Birdie Dunn; treasurer, Miss Selma Hayes; secretary, Miss Annie Sturgeon.

BROOKLYN, N. Y.—The Alumnae Association of the Long Island College Hospital held its first meeting for the season on Tuesday, October 13, when there was a large attendance. At the close of the routine business a most interesting paper was read by Miss Waters, of the New York Nurses' Settlement, descriptive of its origin, its subsequent progress, and its present successful operation. After this refreshments were served, followed by an hour's pleasant social enjoyment.

BROOKLYN, N. Y.—The Alumnae Association of the Methodist Episcopal Hospital resumed work in September. The endowment of a room in the new building for the use of nurses was the main subject of the meeting. It was stated that about fifteen hundred dollars had been raised, but no further steps for raising the fund were taken. At Dr. Kavanagh's request the secretary sent a letter to the Board of Managers containing certain requests, all of which will probably be granted.

WILLIAMSPORT, PA.—The regular monthly meeting of the Alumnæ of the Williamsport Hospital was held September 24, at three P.M., in the Nurses' Home. Miss Pennington, the president, called the meeting to order. Eleven members responded to roll-call. Several new names were proposed for membership. Miss Kunkle read a very interesting paper on "Pneumonia," after which the meeting adjourned. The next meeting will be held October 29.

MINNEAPOLIS, MINN.—At the annual meeting of the Hennepin County Graduate Nurses' Association the following officers were elected: President, Miss Bertha Erdmann; vice-president, Miss Bertha Johnson; secretary, Mrs. Charlotte Roberts; treasurer, Miss Margaret Kelly. A very interesting lecture course has been prepared for the coming year; also a monthly social meeting has been arranged for.

NEW YORK.—The Class in Hospital Economics has organized and elected Miss Helen M. Kelly president and Miss Maud M. Stotz secretary. The class has fifteen members and every prospect for a bright and profitable year.

BIRTHS

ON June 2, at New Rochelle, N. Y., to Mrs. W. S. Emberson, a daughter. Mrs. Emberson was formerly Miss Gertrude B. Cleveland, a graduate of the Faxon Hospital, Utica, N. Y.

MRS. HUTCHINSON, *née* Jeffrey, a daughter, born in August.

MRS. BROGDEN, *née* Dawes, a daughter, born in August.

MARRIED

IN Rochester, October 14, Miss Nina A. Williams to Dr. Herman C. Merker.

AT St. Mary's, Ontario, Can., September 16, Miss Helen C. Ingersoll to Mr. J. C. Mills. Mrs. Mills is a graduate of St. Luke's, Chicago, 1900.

IN Rochester, October 15, Miss Eleanor A. Underhill to Dr. John E. Snodgrass. Dr. and Mrs. Snodgrass will make their home in Auburn, N. Y.

MISS EDITH MARY BOOTH FISHER was married September 24, in Toronto, to Mr. T. Cockburn Kerr. At home after October 15 in Inglewood, Kennell, N. W. T.

AT Detroit, Mich., September 22, Mrs. Abby Chapman Stoner to Mr. Edward Fox, of Mt. Pleasant, Pa. Mrs. Fox is a graduate of the Class of 1901 of Farrand Training-School, Harper Hospital, Detroit, Mich.

IN New York, September 29, 1903, Miss Kathleen Galvin, graduate of St. Joseph's Hospital Training-School for Nurses, Paterson, to Dr. Andrew F. McBride. Dr. and Mrs. McBride will reside in Paterson, N. J.

IN Le Roy, N. Y., on Wednesday, October 7, Miss Elizabeth Connor to Mr. Thomas Buckley. Mr. and Mrs. Buckley will reside in Le Roy, N. Y. Mrs. Buckley was a graduate from the Rochester City Hospital Training-School.

MISS MINNA E. MILNE, who expected to take a position in the Samaritan Hospital at Dawson City, was married in Calgary, N. W. T., on August 20 to Mr. Winslow E. Worden, of Slocan, B. C. Mr. and Mrs. Worden will be at home in Slocan, B. C., after November 1.

ON September 24, at the Presbyterian Church, University Place, New York City, Miss Amy J. Baker to Dr. Burt Franklin Jenness, United States Navy. Miss Baker was a graduate of the State Hospital, Tewksbury, Mass., and of the General Memorial Hospital, N. Y.

AT Fulton, N. Y., by the Rev. Nelson Reynolds, Cora Elizabeth Sylvester to Mr. Charles W. Douglas. Miss Sylvester was graduated from Auburn City Hospital Training-School (Auburn, N. Y.) in May, 1898. The following year she took a post-graduate course at the Emergency Hospital, Washington, D. C., since which time she has been engaged in private duty. Auburn loses one of its best nurses. Mr. and Mrs. Douglas will be at home after October 15 at Elmira, N. Y.

OBITUARY

AT the Presbyterian Hospital, New York City, Miss Corinne Manning. Interment at her late home, Maiden Rock, Wis. Miss Manning was a graduate of the Massachusetts General Hospital Training-School, Class of 1891.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE GERMAN NURSES' ASSOCIATION

THE formation within the past year of a self-governing association of trained nurses in Germany was mentioned in these columns a short time ago, and we learn with interest from Miss Thornton, secretary of the National Alumnæ, that the women entrusted with the work of organization had previously written to her to obtain copies of our constitution and by-laws, reports, etc. It would be gratifying indeed if when we gather in Berlin next summer we should find that we had been able to be of even ever so little assistance to our coworkers there, to whom this free organization work has meant almost conducting a revolution, so strong was the opposition and disapprobation from the side of the religious orders and those conducted upon the lines of rigid control of the nurse in every respect, which are the prevalent type in Germany.

One of the leaders of the new movement is Agnes Karll, who has set forth, in an article in *Die Krankenpflege*, the point of view of the "independent" sisters, those who are unwilling or unable to remain bound by the strict discipline and also by the financial narrowness of the life of a Red Cross sister—for it would appear that to be such is almost like taking a vow of poverty, unless one has private means.

She says, among other things: "The much-abused 'free' sisters will soon prove by this association that the heavily punished transgressions, which cause no one so much pain as themselves, are the exception and not the rule; and that a large number of sisters have found it possible to devote themselves heart and soul to the noblest calling open to women and yet, at the same time, fulfil all their family duties, or duties to their own personality. . . . Those of us who have passed through one or another of the (religious or Red Cross) associations hold in great respect their extensive successful work and incalculable services. This appreciation, however, does not blind us to the changed conditions of modern life. The rapid development of the world's economy draws us women also into its vortex, and leaves few suitable for the cloister-like routine of the older associations. There are too many women to-day who are eager to render aid to their fellow-women, but to whom the sphere presented by the Deaconesses' and Red Cross Associations is too narrow. But restrictions and coöperation they cannot do without, and it therefore becomes necessary to create them in a new form. . . . I hope I have made it quite clear how very far we are from any feeling of enmity towards the Deaconesses' and Red Cross Societies. We former Red Cross sisters have for years suffered too much from the often-experienced contempt and intolerance of the deaconesses, and, later, after secession from their associations, from the hostility of the training-schools to us 'free' sisters, not

to be desirous of giving every consideration to the rights and privileges of others. But we demand the same treatment ourselves. The associations refuse to acknowledge our right to the title of 'sister.' This designation, however, is so closely associated with our calling by Germans that doctor and patient alike would be astonished if we proposed to abandon it. Unfortunately, our language does not possess any other term for the educated nurse. We have constantly been abused bitterly for making use of the title of sister and for wearing the uniform, which is indispensable on hygienic grounds, as if we were laying claim to something to which we were not entitled. Circumstances have proved too strong for us, and we have been compelled to do that which for the sake of peace we would gladly have left undone. It would certainly be better for sick humanity if all grades of sick-nursing could work together in amity, as it might easily happen that representatives of the various organizations might one day be called upon to work side by side."

THE AUSTRALASIAN TRAINED NURSES' ASSOCIATION

THE report for the year ending in June, 1903, gives numerous glimpses of things Australasian and of our friend, Miss McGahey. The present membership is six hundred and twenty-one, of whom sixty are medical members. The association has an auxiliary midwifery branch with one hundred and forty-seven members. This midwifery question abroad, as connected with nursing, introduces such an incomprehensible complication that we think American nurses are to be congratulated in having never gotten into it.

The association recognizes sixty-two training-schools as of proper standard: this is exclusive of Victoria and New Zealand, which have, as we know, their uniform requirements for registration. The report says that the smaller hospitals are anxious to be recognized, but that the council realizes that, while it is comparatively simple to insure good theoretical education, the necessary practical experience in all kinds of cases cannot be obtained in them, and that small hospitals should employ only trained nurses, as is done in New Zealand.

The association feels the urgent need of central examination and registration, and is having some correspondence with New Zealand to this end. The organ of the association is the *Australasian Nurses' Journal*

The association also keeps a register of nurses' homes (this, as we understand it, means for private-duty nurses). The association has had a successful year and has a good financial basis. It seems a little odd that the Australasian nursing associations should all number medical men among their members and, usually, elect them in as officers, but they seem to be the right sort, and so all goes well. No doubt the nurses alone would find it difficult to push their reforms.

LETTERS

HOLLAND has a great number of benevolent and charitable institutions, all remarkably well kept. What I saw of these made me regret much not having enough time in Holland to visit more of them. At The Hague we saw a charming example of the kind of old-ladies' home which they have, and which is common also in Belgium and Germany,—perhaps also in other countries with which I am not yet acquainted,—certainly as different as possible from the somewhat forbidding and shut-in domiciles which we erect at home and call "Homes for



THE HOME OF THE DAILY NURSING ASSOCIATION, AMSTERDAM



A LACEMAKER OF THE BÉGUINAGE

the Aged." The leading feature of these "Hofje," or homes for old people, is a large piece of ground. In the one at The Hague this was almost as large as a city square. Around three sides of this square were built the prettiest little simple cottages, only one-and-a-half stories high and all under one roof, the old-fashioned gables on this roof and the lines of the small upper windows dispelling any impression of monotony. The fourth side of the square was closed in with what one might call the "administration building," with an old, quaintly fashioned arch and gate through which we entered.

Each old lady—or, in the case of aged couples, each old couple—has a separate little individual home, with kitchen and cookstove, and they do their own housekeeping. Their friends and relatives come to see them, and they have all of the pleasures and privacy and none of the worries of home life outside. Each cottage has a piece of the open square for a garden, enough for flowers, vegetables, and fruit, and every window was lined with rows of flower-pots. The old people upon entering pay a certain sum of money,—or someone does so for them,—and they are then settled for the rest of their lives. If they become feeble or bedridden and have no relatives to attend them, they are removed into infirmaries. Some of these homes are maintained by churches, some by private benevolence or organizations, and some by the city authorities.

It seemed to me it would be so infinitely more sensible and practical in our charities and civic arrangements at home to pay less for huge, expensive buildings for almshouses and homes for the aged, and more for land, and let the inmates do partly for themselves, as they do here. They are assuredly far happier, and then only the quite incapacitated ones need to be carried as a definite burden, whereas we make them all to a certain extent helpless.

We went in and made acquaintance with two or three old ladies. They seemed so cheerful and happy, showed us their vegetables and herbs for all kinds of "teas," and made us up posies from their flower-gardens.

In Bruges, Belgium, we visited a somewhat similar establishment of great interest and of considerable extent called the "Béguinage." This is a most characteristic example of the ways to which the "superfluous woman" on the continent betakes herself, as compared with the ways she disposes of herself at home. As to giving a complete account of the financial management of the "Béguinage," I cannot do it, but here the ground devoted to the purpose is as spacious as a small park. The central open space is a large, grassy common with fine old trees. A church stands at one side of the common, and stretching irregularly around the other three sides are the little dwellings. In the smallest and quaintest are again found the old people. Some of them are lace-workers, and one especially is widely known by her photograph, which appears on a "picture postal-card." This photograph, however, gives no idea of the pretty little room with all its domestic fittings—the tiny fireplace with corner seat and oddly shaped stove, the cooking utensils hanging on the wall, the flower-pots and canary-bird in the window.

On another side of the common is a similar but rather larger and more distinctive-looking row of dwellings, of refined outlines, spotless neatness, and a general air of dignified seclusion. In these cottages lives an order of women who wear a severely conventual dress,—black, with white headpiece and broad white shoulder-circlet,—yet they take no vows of any kind and are not under authority of the church in the customary sense. From what I could learn they seem to be women of good position and have at least some small independent means, and this seems to be a way for them to live according to their own ideas

and, no doubt, with more dignity than they as unmarried women would otherwise have. They pursue various occupations. They make lace, teach children, take care of the aged infirm, and take boarders to help defray expenses. We happened to meet a Holländisch lady who was boarding there, who told us a little about it all.

At a short distance out of Ghent there is another of these "Béguinages," which is said to be as large as a small town and to have a wall and moat entirely around it. This one I did not see, but would strongly advise any of my readers, when visiting Europe, to look up one or two of these feminine establishments and contrast them with their own ways of living.

In Amsterdam I made a visit at the home of the Daily Nursing Association—what we call hourly nursing. Miss Krusysse has previously written us of this work, giving full statistics and descriptions. It is under the auspices of the White Cross Association, of which Miss Krusysse is a director and Miss Stoffers the head of the family, comprising, if I remember rightly, a dozen or more nurses. The house is extremely commodious and pleasantly arranged, and stands on a street with one of those very picturesque but decidedly damp canals running through it, with a heavy border of trees on either side.

Cases by the hour are taken for all classes of paying patients, both poor and rich. No free cases are taken, as the city of Amsterdam supports a group of district nurses to visit the poor of the city. These city nurses get their calls, and (I believe) their orders also, from a city hospital, the Polyclinic. They may live where they please, receiving salaries about equal to three hundred and sixty dollars.

To return to the hourly nursing: it was hoped that the work might become self-supporting, or nearly so, the idea being that the larger fees of the better-class patients would make it possible to extend the work to meet the full demands of the less well off, but so far this hope has not been realized, and this most admirable and well-conducted piece of work remains a financial responsibility to its directors, who certainly deserve more appreciation and encouragement from the citizens for their enlightened endeavor to meet the need and fill the gap which we all deplore and which forms the subject of so much effort and discussion.

I should like to have various medical men, who are severe in their strictures because "nurses do not realize the needs of the family with small income," reminded that in this well-planned Amsterdam undertaking one of the chief obstacles is that "the doctors do forget to send for our nurses, although we are continually reminding them, sending them cards, etc." "Even when they have the very cases that exactly need our services, they do not always send—they don't remember." These things had a very familiar sound, and made the world seem small and all cut out of one piece.

L. L. D.

ITEMS

Una, the organ of the Victorian Trained Nurses' Association, says that in Victoria the medical profession worked harder than the nurses to obtain registration for the latter. Those few physicians who conducted private hospitals offered only slight opposition to the refusal of the association to recognize pupils trained in such institutions. Certainly our best medical men supported us nobly in the United States; now it remains to be seen what attitude the English physician will take towards the registration effort.



THE BÉGUINAGE, BRUGES



ENTRANCE OF THE BÉGUINAGE

THE nursing-school in Bordeaux, France, under the guidance of Dr. Anna Hamilton, the apostle of nursing reform in that country, held a practical examination for its pupils which must have been what America calls "a mind-opener" for the learned guardians and chiefs-of-staff. It was the first time such a thing had been seen in a French hospital, and with pupil nurses who were all refined and educated young women.

Dr. Hamilton's report on nursing requirements, presented at the Third National Congress of Hospitals and Charitable Institutions, held in Bordeaux in June of this year, has reached us, and we hope to present parts of it later.

MISS CATHARINE WOOD, Miss Amy Hughes, and other stanch war-horses have been fighting the battle for good standards in a movement which has been agitating the rural hospitals in England, where the authorities are desirous of creating an order of nurses which they would call "qualified" nurse—meaning, in short, an untaught and untrained being of inferior social grade. One of the guardians of such a hospital said of candidates for nursing appointments: "Well, the less they know the better: then we can get them into our ways all the quicker"!

A MATRONS' Council of New South Wales has been organized, of which the secretary is Miss Davies, 140 Phillip Street, Sydney. There is also a Matrons' Council in Holland of some years' standing; then the one in England, and our own Superintendents' Society. Why would it not be a good idea for these councils to affiliate next summer in Berlin? They might help and cheer one another along the thorny path of duty.

WINNIPEG, Manitoba, Canada, has a Graduate Nurses' Association with a membership of sixty-two nurses who are graduates from many different training-schools in the United States and Canada. This association maintains a registry and will in time establish a benefit fund. The secretary is Miss A. Maud Crawford, a graduate of the Toronto General School for Nurses.

MISS SIDNEY J. BROWNE, who was appointed temporary matron-in-chief of the newly reorganized English military nursing service some months ago, has been gazetted matron-in-chief. Those who know Miss Browne speak in the highest terms of her ability and personality.



SERUM TREATMENT OF SCARLET FEVER.—The *Journal of the American Medical Association*, quoting from a Vienna exchange, says: "None of the children of the one hundred and twelve cases in which it was applied died that were injected on the first and second day of the disease, although there were eight very severe cases in the twenty-four injected the second day. Only 17.4 per cent. died of the twenty-three injected the fourth day, and thirty per cent. of those injected the fifth day, after which the mortality rose to fifty per cent. of the four not injected until the ninth day, the latter all very severe cases. A single, large injection the first or second day affords the best results."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 13, 1903.

ASHEN, MRS. SARAH C., formerly on duty at the First Reserve Hospital, Manila, P. I., arrived in the United States September 17, discharged.

Bamber, Isabella M., graduate of New York City Training-School, Blackwell's Island, appointed and assigned to duty at General Hospital, Presidio, San Francisco.

Bauer, Mrs. Christiana M., transferred from the General Hospital, Presidio, San Francisco, to duty at Fort Bayard, N. M.

Cashman, Mary L., transferred October 1 from the General Hospital, Presidio, San Francisco, to duty on transport Sherman en route to the Philippines for duty in that division.

Daly, Annie A., transferred from temporary duty at First Reserve Hospital, Manila, to regular duty at the Base Hospital, Iloilo, P. I.

Hall, Mrs. Mary B., transferred from the First Reserve Hospital, Manila, P. I., to duty on transport en route to the United States. Arrived in San Francisco October 12 and reported for instructions.

Hasemeyer, Augusta D., recently on duty at Base Hospital, Iloilo, P. I., discharged in Philippines to be married. Was married on August 5 to Mr. John W. Lattimore, constabulary officer.

Innes, May B., graduate of the Elizabeth General Hospital, Elizabeth, N. J., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Kennedy, Emma L., recently on sick report at General Hospital, Presidio, San Francisco, discharged.

Lewis, Winifred E., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

McIntosh, Margaret, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Mann, Mrs. Emilyn P., formerly on duty at the Base Hospital, Iloilo, P. I., transferred to duty on the Sumner en route to the United States via the Suez Canal.

Marker, Ida Maude, transferred from temporary duty at the First Reserve Hospital, Manila, to regular duty at the Base Hospital, Iloilo, P. I.

Mason, Edith A., on leave when transport of October 1 sailed; orders revoked until sailing of the next transport to the Philippine Islands.

Meuser, Gretta Bella, transferred October 1 from the General Hospital, Presidio, San Francisco, to duty on Sherman en route to the Philippines for duty in that division.

Mills, Bessie, transferred from temporary duty at the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Pierce, Margaret, graduate of the New York City Training-School, Blackwell's Island, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Purves, Mary Olive, formerly on duty at the Base Hospital, Iloilo, P. I., transferred to duty on transport en route to the United States. Arrived in San Francisco October 12 and reported for instructions.

Rector, Josephine, arrived in San Francisco September 17, assigned to duty at the General Hospital, Presidio, San Francisco.

Shea, Annie M., transferred from the General Hospital, Presidio, San Francisco, to duty on Sherman en route to the Philippines for duty in that division.

Wills, Edith M., formerly chief nurse at Fort Bayard, N. M., recently arrived in the Philippines, assigned to duty as chief nurse at the Base Hospital, Iloilo.



SOME DANGERS OF THE HOT-WATER BOTTLE AS APPLIED TO THE NEW-BORN.—Dr. Douglas H. Stewart, of New York, has written an article on this subject in the *Medical Record* which is of special interest to nurses. He emphasizes the special danger of burns to infants, and says even after the burn is healing convulsions from this source may cause death.

Intracranial hemorrhage may follow overheating and extensive burning. A child had shown no signs of cerebral trouble until the buttocks and back were burned by a large hot-water bag. The fontanelle began to bulge some thirty-six hours after the burn. A danger most likely to happen when glass bottles are used about the neck is heating of the blood in the carotid arteries. If the temperature of the internal carotids is raised and maintained by heat, these vessels having no branches in the neck, the heated blood is conveyed to the brain and the effect on the medulla and respiratory centre is direct and marked, particularly when heat is applied at the back of the neck at the same time.

A perfectly healthy new-born child was placed in his crib, a hot-water bag underneath him, and a bottle filled with hot water each side of his neck. This was the nurse's precaution, as the room was not very warm. She knew how efficient an ice-bag was when applied to the vessels of the neck, and she supposed heat could be utilized in the same manner with good effect. At the end of about a half-hour, on uncovering the child, I was surprised to find it breathing in a most peculiar manner, similar to the Cheyne-Stokes respiration. This soon ceased after picking up the infant, but a few days later I saw the same sort of dyspnœa in an older child; only here it followed a long-continued poulticing of the neck. The rectal temperature was 104.2°. The poultices were discontinued, and all bad symptoms had disappeared at the time of my second visit—i.e., about two hours after the removal of the poultices.

One reason that such occurrences are not found frequently is that the rubber hot-bag does not readily fit into the neck, but bottles will roll, and will stay snugly against the skin over the vessels of the neck. In my case, as the bottles formed an arch, their tops being in contact, any question of antero-posterior pressure may be dismissed. As to the temperature, I should say that any degree or amount of contact heat sufficient to keep the temperature in the carotids at 110° or over will certainly produce the disturbances described in about thirty minutes. There should always be a thick folded blanket above every hot bag (not necessarily hot-water bag, for the materials may be shot, sand, towels, etc.), and, for that matter, a thick folded towel under every ice-bag.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

October 9, 1903.

To the Editor AMERICAN JOURNAL OF NURSING.

My attention has been called to an "Editorial Comment" in the September number of THE AMERICAN JOURNAL OF NURSING, in which, referring to the Spanish-American War Nurses and certain other societies, the statement is made that "the announcements and reports of these organizations are first made through the pages of THE AMERICAN JOURNAL OF NURSING, and that in no other way can members be sure that such reports are authentic." So far as this relates to the Spanish-American War Nurses, the impression conveyed is entirely erroneous, as all reports and announcements are prepared in duplicate, and these identical papers are sent simultaneously to the JOURNAL and to the *Trained Nurse*. By the by-laws of the society the JOURNAL is called the "official organ," but *not* the exclusive organ, and by order of the society the *Trained Nurse* is treated with equal consideration in every way.

In justice to the facts, I am sending this correction to both the magazines concerned, with request that it be published in their November numbers. Yours truly,

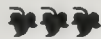
ANITA NEWCOMB MCGEE, President S.-A. W. N.

[We never have heard before of a society having two *official* organs. We had not realized that when the order of Spanish-American War Nurses voluntarily voted to make THE AMERICAN JOURNAL OF NURSING its official organ its intention was to withhold from the JOURNAL the right to *claim* to be its official mouth-piece. If this is the intention of the War Nurses, it will become necessary for the JOURNAL to drop the society from the list of organizations which it is supposed to represent.

The JOURNAL cannot consent to be regarded as a *half* organ to any society. It does not object to publication through other channels,—although such is contrary to strict journalistic etiquette,—but it does insist that all official announcements and reports of proceedings must appear first in its pages, and that it *has* the right to its claim to be the only "authentic" channel by which nurses may keep in touch with the work of the societies for which it stands as the *official organ*.—ED.]

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY



DANGEROUS COMMUNICABLE DISEASES.—At a recent meeting of the State Board of Health of Michigan the members discussed and approved a circular to be issued entitled "Diseases which Household-ers are Required to Report." In this circular the State Board of Health declares consumption, pneumonia, cerebro-spinal meningitis, typhoid fever, diphtheria, whooping-cough, measles, scarlet fever, smallpox, glanders, and rabies (hydrophobia) to be dangerous communicable diseases, and therefore "diseases dangerous to the public health" required by law to be reported. This circular sets forth that every case of each of these diseases must be reported to the local health officer by the householder, hotel keeper, boarding-house keeper, or physician. The law is then quoted showing the duty of such persons to so report. The use to be made of such reports is not the same for all diseases, because the manner of spreading and the measures for the restriction are not the same for all diseases. Houses infected with some diseases are to be placarded, with others not. Persons having some of the diseases are to be isolated. Relative to each of those diseases, such facts are published by the State Board of Health, and a pamphlet on any one of these diseases, or on all of them, will be sent to any person interested who requests it from the office of the board at Lansing.

WHILE the city of Boston has been considering the building of a one hundred and fifty thousand dollar hospital for the treatment of tubercular diseases, many families have not waited for a settlement of the question, but have brought into requisition their own roof-tops as a means to a cure of cases of this nature. Not many outside of the medical profession have known of this, but as a matter of interest it may be said that many tenement and private dwelling-house roofs in Roxbury, Dorchester, West Roxbury, South Boston, and in the North and South Ends are now being used, winter as well as summer, for the "open air" remedy for consumption.

SCHOOL WORK.—"A deep impression has been made upon people of the East Side, New York, by the activities of the Health Department. Dr. Lederle has been diligent in excluding from the schools children afflicted with contagious diseases; but he has established a corps of trained nurses, who, when a child is excluded, go at once to the home and tell the parents how to treat the disease. These nurses go back to these homes every few days, and as a result the children return to school usually in a very short time. In the summer these nurses give free treatment to the sick infants of the tenements. Dr. Lederle has established a branch of the Health Department on the lower East Side where poor people can get immediate treatment. He organized a summer corps of physicians to give special service to children suffering from peculiar summer complaints. He established a trachoma hospital, and last year fifty thousand children received free treatment there for this disease,—treatment they never received under Tammany,—and without which many of them were sure to go blind. These measures come into such intimate contact with the people that they will certainly attract votes for an administration providing them."

EDITORIAL COMMENT



IMPORTANT MEETINGS OF THE MONTH

PENNSYLVANIA STATE.

CONVENTION week in Pittsburg, in which, one following the other, the youngest and the oldest of the large organizations which we represent held annual meetings, proved to be an occasion of signal importance in professional progress.

The Pennsylvania State Nurses' Association met at the Hotel Schenley on Monday and Tuesday, October 5 and 6, to complete its organization by the adoption of a constitution and by-laws and the election of officers.

The proceedings of such a meeting are necessarily somewhat dry, although of the gravest importance, and the work was handled with promising intelligence and skill by the officers and members.

The laws governing registration in Pennsylvania are quite unlike those of some of the other States,—New York, for instance,—and the lines upon which the Pennsylvania nurses must act will be in accord with the existing laws now governing the registration of the other professions in the State. Politics, we were told by a medical man, play too great a part in the registration of physicians in the State of Pennsylvania, and the Nurses' Association must be prepared to face political interference supported by a pernicious and malicious group of quack nursing schools, of which there are a great number in Pennsylvania.

In the history of the world no reform has ever been accomplished without opposition, but if the Pennsylvania nurses will take time to educate the public to the idea that the first great benefit to be derived from legislation will be felt by the people, the advantage to the nurses being secondary, we predict a successful issue.

The question of the status of the bill to be presented to the Legislature was not reached at this meeting, but from opinions expressed by individual members we feel quite sure that Pennsylvania will not be satisfied to ask for *less* than the best that has been secured by the other States, and that she may profit by their experience and demand more. This should be the policy of every State now coming into line, for the fact that registration has commenced in other States must make legislative action easier.

We congratulate the Pennsylvania State Nurses' Association upon its excellent beginning, and we predict, if its leadership be wise, a rallying to its support of what is best in the medical profession, as well as the more highly intelligent of the citizens of the State.

THE SUPERINTENDENTS OF TRAINING-SCHOOLS.

Following the Pennsylvania State meeting, on Wednesday, October 7, the American Society of Superintendents of Training-Schools for Nurses convened for its tenth annual meeting.

This society, the first to be organized upon national lines in the United

States, has long ago left the perplexing questions of by-laws, eligibility, etc., in the background, and has reached the point in its development where standards and methods of education, reaching far into the future, and its duties in various public affiliations, are the subjects with which it is concerned.

For several years past many of the superintendents have been actively engaged in the work of the Associated Alumnae and latterly in State organization, and interest in the Superintendents' Society seemed to have flagged, but at the meeting in Pittsburg one was conscious of a closer unity and sympathy among the members than ever before, with an awakening to its responsibilities of leadership in all of the great educational problems at issue. This is its rightful prerogative, both by reason of seniority, and because its membership is composed of women who are engaged in teaching, from whom has emanated all of the advanced ideas in the educational methods of training nurses.

THE PAPERS READ

The papers read at this meeting were of a high order of excellence and will all be given in time in our pages, the two published in this number, "Some Common Points of Weakness in Hospital Construction," by Miss Goodrich, and "The Duty of this Society in Public Work," by Miss Dock, being perhaps the most suggestive. In both the writers emphasize the importance of insisting upon greater recognition in certain lines of work, both practical and moral, by the individual woman, by virtue of her office, and by the society, by reason of its high educational standards. Reprints of Miss Goodrich's paper have been made that members may place a copy in the hands of such among their Boards of Managers as would be interested or profit by the practical suggestions which it contains, and may be obtained by applying to Miss Goodrich, New York Hospital, New York.

The report of the secretary, Miss Nutting, given on another page, is so full and comprehensive an account of the official proceedings that comment is uncalled for.

The fact that the meeting was held at the beginning of the school year, too soon after the return of members from their summer vacation, and at a time when school work was being organized, accounts for the small attendance, and in view of this fact it was decided to try a midwinter meeting the next time.

Washington as a convention city offers peculiar attractions, and in January every superintendent needs a little outing, so that in 1905 there will undoubtedly be a large gathering.

THE SOCIAL SIDE.

How can we find words in which to do justice to the hospitality of Pittsburg? First of all we must pay tribute to the Pittsburg nurses, whose courtesy to the pioneer organization was one of the most gratifying features of the week.

On Wednesday noon the Alumnae Associations of the Allegheny General, the West Penn, the South Side, and the Presbyterian Hospitals gave a most charmingly served luncheon to the superintendents at the Hotel Schenley. There was a delightful informality greatly appreciated by the members upon this occasion, as friends were given the opportunity to seat themselves in groups and visit together, a privilege too rarely enjoyed at our large conventions. There were toasts of a kind to promote merriment, and an atmosphere of cordial good-fellowship pervaded the room.

On Wednesday evening the Alumnae Association of the Pittsburg Training-School gave an elegant reception in honor of the superintendents in the ball-room of the Hotel Schenley. This afforded the visitors an opportunity to meet many of the nurses and people interested in hospital and nursing work, and was in all of the details a most perfectly arranged affair.

The trolley-ride on Wednesday afternoon, showing first the residence section and then the great manufacturing portion of the city, with a visit to the Homestead Steel Works, gave the members something of an idea of the power that places Pittsburg in so influential a position in the commercial world, and the luncheon at Heinz's pickle factory on Friday, followed by an inspection of this great industrial workshop, was an event long to be remembered. The principles of asepsis applied to the problem of pure food was quite a novel idea to most of those present, and the extreme courtesy of the gentlemen who were delegated to entertain the members might serve as an object lesson to some hospitals.

It is impossible to give any adequate conception of the place, even if space permitted. We were impressed with the idea that in just the proportion that mechanical occupation retards brain development, an effort was being made by an unseen but compelling force to stimulate and cultivate the intellectual side of the employé. There was a beautiful hall, seating two thousand, where the best in music, art, and the stage are provided free of cost for the workers, and scattered through the buildings, on stairways and in passage-ways in close proximity to roaring machinery and great cases of merchandise hung beautiful pictures, including copies of the old masters, both religious and secular.

We found ourselves wondering if the antagonism now existing between capital and labor might not be dispelled by such measures in the future.

All of the superintendents and visitors were entertained at luncheon at the West Penn Hospital on Thursday, and the demonstration which followed of new methods and devices used in the New York, the Boston City, the Johns Hopkins, and the Presbyterian Hospital of New York was a most instructive and interesting feature of the programme. We are promised photographs of the appliances shown, most of which are the invention of nurses, so we attempt no description of them here. We feel that the West Penn Hospital, with Miss Russell, the presiding genius, deserve the most unqualified praise for the manner in which the exhibition was presented. The advent of four nurses, with an endless quantity of apparatus, all to be provided with space and service, gave much extra work to someone, and the guests were highly appreciative of the most excellent arrangements provided.

The banquet on Thursday evening, given at the Hotel Schenley by "some of the hospital superintendents," was a beautiful entertainment, and was presided over by Mr. Howells, of the West Penn Hospital, who, with his colleagues, was most solicitous for the welfare and pleasure of the members while in Pittsburg. This was the first time in the history of the Society of Superintendents of Training-Schools that superintendents of hospitals in any city have united to show the members attention of any kind, and in addition to the pleasure of the dinner there was the feeling that a step was being taken that must tend to bring the two most important groups of hospital workers into a more sympathetic relationship in the future than has sometimes prevailed.

The informal reception at the Homœopathic Hospital on Friday afternoon was the last of the social functions. The superintendents were received by the trustees and members of the Ladies' Aid Association, the hospital was inspected,

and one brought away impressions of cordial greetings, pleasant music, and tempting viands partaken of in a setting of harmonious color, a most delightful ending to a very interesting week.

We cannot leave this subject without paying tribute to the president, Miss Giles, who was, according to custom, also the chairman of the Committee of Arrangements. The programme was so perfectly worked out that not one change, either in the business or social calendar, had to be made, and she was untiring in her efforts for the comfort and happiness of her guests. Under her leadership, with all of the resources with which she was able to command, Pittsburg has won first place as a convention city.

THE NEW YORK STATE MEETING.

We have held our pages for the report of the New York State meeting, and we had intended to publish also the address of Dr. A. T. Bristow, given at that meeting on October 20, but the manuscript has not reached us in time, and we are obliged to hold it over until December.

Dr. Bristow is the president of the Medical Society of the State of New York, the organization that gave such cordial and effective aid to the New York Nurses' Association in securing the passage of its bill last winter, and as the representative of that body Dr. Bristow's advice and instruction is of special value to all nurses at this time, when work is beginning in so many different States.

PENNSYLVANIA REPORT NOT IN.

We regret to go to press *without* the official report of the Pennsylvania State meeting held in Pittsburg on October 5 and 6. Such reports are more valuable when made promptly. We appreciate, however, the hard work involved, especially when the society is in the formative stage and the officers are new to such work.

A NEW ALUMNÆ JOURNAL

ST. LUKE'S Alumnae Association has issued the first number of an official organ called *The Alumnae*, with Miss Harriet Fulmer as editor. The first number, a bright little paper, is published at the expense of one member as an experiment, and Miss Fulmer, as the president also of the Alumnae Association, in speaking of this little leaflet says:

"I hope to see established in the near future some sort of a medium in the way of a journal for keeping up the interest and knowledge of the society in the least expensive way possible. Another year this printed matter, in whatever form, could be included in the annual dues. This year it would not be possible to do this, as the funds for current expenses are low. I therefore urge every nurse to give her eight and one-third cents at each meeting and pay for this proposed leaflet for one year. If it does not meet your needs, at the end of the year we could discontinue it, but it does seem as if it might be worth a trial."

Such monthly magazines, devoted exclusively to the interests of a large association, serve as a very stimulating force in promoting interest and holding members together. We congratulate St. Luke's upon their venture and wish them every success in the future.

MORE NEWS

WE are anxious to secure more authentic personal and news items about nurses and hospitals, and we again ask those especially interested in the JOURNAL

to send such items either to Miss M. E. P. Davis, whose address will always be found in the list of collaborators, or directly to the Editor-in-Chief. To our readers in foreign lands and in isolated places the personal news is a great source of pleasure. Miss Davis has undertaken to gather up such material during the month, and every item sent her will add to somebody's pleasure in the JOURNAL.

CHANGE OF ADDRESS

THE Editor-in-Chief will be moving about during the coming winter,—will sometimes be in New York, Boston, and possibly other places,—but letters and manuscript sent to the address always found in the JOURNAL, Rochester, N. Y., will reach her, as she still claims that city as her home, but at intervals, in order to keep in touch with the new things in the profession, long visits to the large nursing centres must be made.

We ask again that *money* shall be sent directly to the publishing office in Philadelphia, and not to the editor personally, who does not have charge of the subscription list. Recently we were obliged to make a special trip into town from the country to obtain a post-office order, and as we did *not* know the sender, it was only after some trouble that the money was obtained. These seem trifling matters, but when time is valuable they are very annoying, and as in every possible way subscribers have been informed that subscriptions *should be sent to the publishers*, it is carelessness on the part of a subscriber to send money to the editor made to her personal order.

DEATH OF MISS DAVIDSON

OUR readers will learn with sorrow of the death of Miss Anna A. Davidson, whose second paper in "Points About the Private Nurse" was published in the October number of the JOURNAL. Miss Davidson had been nursing a case of typhoid fever under exceedingly difficult conditions, and contracted the disease herself, from which she died in a very short time after being taken to the Presbyterian Hospital, New York, of which school she was a graduate. We did not know Miss Davidson personally, but, judging from the articles given, and the expressions of love and regret which we have heard from her friends and associates, we know her to have been a rare woman and a brave and conscientious nurse.

The two papers published were to have been part of a series that Miss Davidson had offered to write for our pages. In the two papers printed she has given a message to the profession by which we may all profit, and in her death, in which she gave her life for her patient, we have an example of that courage and devotion to duty which are the first essentials in a good nurse.



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VOL. IV

DECEMBER, 1903

NO. 3

WHAT REGISTRATION HAS DONE FOR THE MEDICAL PROFESSION

By A. T. BRISTOW, M.D.

President of the Medical Society of the State of New York

EVERY person, says a celebrated document, has an inalienable right to life, liberty, and the pursuit of happiness. Nevertheless, this right has been subjected to certain restrictions. Every individual has the right of life, but not to such liberty of action as to give the right to injure a fellow-being or to so conduct the pursuit of happiness as to inflict harm on others. A man who lives on a desert island has unlimited and undisputed rights and is a law unto himself. Such a person is the only individual who enjoys the questionable privilege of absolute freedom. The moment a second shipwrecked sailor lands on the shore the rights of the first comer are no longer paramount and he can secure and perpetuate his former freedom only by force or murder. The existence of a community implies the existence of law, and from the time of the promulgation of the decalogue to the latest codification, all laws contemplate the existence of large bodies of individuals living together whose relations to one another require regulation. The greater the complexity of the community, the diversity of pursuits, the more necessary does it become to define and limit the rights of the individual, and the community must interfere in behalf of the communal welfare to restrict an unlimited liberty, which can be the undisputed possession only of a Robinson Crusoe, since what is liberty in a recluse soon becomes license in the smallest hamlet. Very early in our present civilization, to prevent the debasement of a precious metal governments established a standard of fineness which was maintained by law. Thus in England what is called a hall-mark affixed to a piece of silverware establishes beyond question the ratio of alloy and the quantity of precious metal. In this country the same

protection is given by the word "sterling," which is in like manner a guarantee of quality and a measure of value. The improper use of either emblem is punishable by fine and imprisonment. Such laws protect the public from imposition and the honest silversmith from the competition of dishonesty. If it were not for this protection, the temptations to fraud are so great that manufacturers would soon vie with one another as to how little silver they could put in an article and have it still pass muster as silver. This was one of the earliest forms of government supervision, and was, in fact, a sort of registration of the finished product. Registration and the issuing of licenses to practise any particular trade or profession are, in fact, hall-marks of the value of the education which the individual has received and his or her fitness to do business for the public. As the complexity of our communal life increased, it soon became evident to the lawmakers that such governmental supervision would have to be extended to many different avocations, because their pursuit by incompetent persons would eventually become a menace not to one or two individuals, but to the public at large. For instance, it is manifestly improper to allow an engineer or pilot to take part in the management of a vessel designed to carry passengers unless competency has been clearly proved, since the incompetency of either involves the possibility of great loss of life. Thus the State assumes the right to restrict the occupation of engineer and pilot to such persons as are able to pass a suitable examination and can show that they possess the necessary qualifications. The same principle has been extended to many other trades where a failure of due knowledge involves risks to the public health or welfare. In the profession of law it has long been the rule that an attorney must pass an examination ordered and conducted by the court before he is allowed to practise, and this, no matter how long has been his experience in a law-office. Up to a date quite recent there were no legal restrictions placed upon the practice of medicine, and it was only necessary for a man to call himself doctor to enable him to practise on the credulity and ignorance of the public. The country was flooded with quacks of all sorts. The Indian herb doctor with long hair and broad-brimmed hat and a mixed stock of various "yarbs" and impudence flourished exceedingly and wandered about the country greatly to his own profit and the delusion of countless dupes. Every county fair was the stamping-ground for unnumbered fakirs with all sorts of remedies for all sorts of diseases. The patient always made his own diagnosis, and the quack made his remedy fit the disease. It soon became evident, however, that it was a manifest absurdity to enforce an examination on trades like those of engineer and pilot and yet permit hordes of quacks to perambulate about the country and prey upon the distresses

and ignorance of the community. To be sure, there was this difference, that the carelessness and incompetence of engineer or pilot might by a single act destroy hundreds of lives, whereas the doctor, in spite of all the quips and jeers which have been levelled at him since the time of Molière, has never been accused of killing more than one patient at a time. Nevertheless, the principle of State supervision remains the same, although the capacity to do harm by individual errors differs widely. Besides, lawyers, although their sphere of action concerns the property and liberty of the individual only, are subject to State control, and it was therefore much more the duty of the Legislature to bring the practice of medicine under proper restrictions, inasmuch as the doctor deals not with laws but lives. Physicians of eminence and high character were not slow to appreciate the advantages which would accrue to the profession from a statute which would protect the public from unscrupulous adventurers and the educated physician from equally unscrupulous competition.

Of what value was the title of doctor if we were to share it with chiropodists, travelling fakirs, and Indian medicine men? Thus it was a source of congratulation to all schools when the present medical act became a law. What have been the advantages, then, of medical registration? It is the hall-mark of fitness. A man cannot now, either in New York State or in any State, practise medicine unless he has first passed a rigid examination, registered, and received his license from the County Clerk. The law has increased the value of the capital of every physician in the State. What is his capital? It is his education, which has cost him at least six years of study, counting the work preparatory to the study of medicine which the State demands. It is his years of experience and study after graduation. These cannot now be discounted by the first glib-tongued and impudent rascal who is willing to make a fortune at the tail of a cart by retailing lies and colored water to the credulous. I have spoken of the preparatory work required. The State has placed no unreasonable restrictions against the entrance of anyone upon the study of medicine, but it does insist that the intending student shall have more than a common-school education before entering on one of the most difficult of studies, the study of disease. When I commenced my studies, fresh from a great university, I was on exactly the same status, so far as the State was concerned, as a man who had stepped off the platform of a horse-car or left a boiler-shop to study medicine. Indeed, I knew men in another school at that time who had abandoned these very occupations for the profession of medicine. They could both read easy English and one could make out their handwriting, yet they were allowed to enter a medical school on the same terms as a university

graduate, the only difference being that it took six months longer for them to get their degree. The present medical act, therefore, not only prevents the fraudulent use of the title of doctor, but prevents persons whose lack of education unfits them for habits of study from even entering a medical school. That this has resulted in elevating the general standard of the profession no one will doubt. It has also relieved the doctor of the illegal competition of persons who have put neither time nor money into an education for the purpose of properly qualifying themselves.

The advantages of medical registration to the public are self-evident. There is probably not a layman living who does not consider himself perfectly competent to choose a physician. On what, as a rule, does he base his choice? A physician who has a popular manner, who has taking ways with the feminine part of the community, who knows how to tell a good story, who has good manners and a fine appearance, can build up a paying practice with a minimum of knowledge. People have not yet learned that these things do not necessarily mean skill and an intimate knowledge of disease; nevertheless, most persons choose their physicians because of some of the qualities mentioned. How can it be otherwise? To properly discriminate between real worth and pretence requires special education, and this the public have not got. It is therefore fortunate that the State has taken upon itself to see that all persons admitted to practise have the necessary qualifications. Since the passage of the act a man must have something more than a charming manner and taking ways to practise medicine. He must have real, genuine knowledge. Without the present system of registration it would not have been possible for the Court of Appeals to have rendered the recent decision in the Westchester cases in which they held that a minor child is entitled to proper medical attendance when sick. Before this act was passed, who could say what was proper medical attendance? Now the State says that proper medical attendance is such as is secured when a physician is called who has received a license from the State to practise medicine, no matter to which of the three schools he belongs. This decision will do more to break up a dangerous delusion than the denunciations of the press or pulpit and the remonstrances of physicians.

Twenty years ago there were few training-schools in this country. In the hospitals most of the nursing was done by orderlies or very ignorant women, who received a monthly wage equal to that of a domestic servant. Indeed, the nurses that came under my observation when I was an interne in a large hospital in 1875 and 1876 were far inferior to the average domestic. Not a few of them had been patients who when convalescent had been elevated to the position of nurses. Some of them

were faithful souls and did their best, but most of them had a fondness for Sairey Gamp's teapot and smelt of Sairey Gamp's tea. With such attendants modern surgery was an impossibility, certainly the kind of surgery we see practised in our large hospitals to-day. I need not here trace the history of the training-schools of this land. The art of nursing has undergone a process of evolution, and the trained nurse of to-day is a very different personage from the graduate of fifteen or eighteen years' standing. The time of training has been increased from two years to three, so that the girl who enters a training-school graduates but one year sooner than her sister of the medical college. In point of fact, she devotes more actual time to her education, for each year of her training is a year of at least eleven months, instead of the eight months required by the medical school, so that at the end of her term of service she has been at least thirty-four months in the hospital as against the thirty-two months spent in college by the graduate in medicine.

These thirty-four months of training are arduous in the extreme and are the severest possible test of endurance, fidelity to the minutest detail, and of courage. I believe that few young women appreciate the task that confronts them when they make application for admission to the superintendent of nurses. Not long ago I received a letter from a young lady whom I had met in the hospital when she was visiting one of my patients there. She was attracted by the trim uniform and becoming cap and gown, and a few months afterwards wrote to me from a distant city stating that she had decided to become a trained nurse and asked me to get her admitted into the training-school. I promptly mailed her an application blank, but at the same time wrote her a frank letter and told her just what she might expect, and added that from the time she entered the hospital until her three years were passed she would find that she belonged to the hospital except on vacations. Evidently the prospect did not please her, and she has never handed in her application. She did not realize what every nurse in this room knows full well, that there is no more arduous work in the world of which a woman is capable than that which the hospital must exact, that it is a life not of romance, but of sternest self-denial and restraint. I have before me an advertisement cut from a journal for women which reads as follows:

"BECOME A NURSE

"No occupation open to women can compare with that of the trained nurse. It is elevating, enjoyable work—graduates earning \$15 to \$30 a week. We teach this profession by mail.

"For attractive booklet giving full details with valuable suggestions, address, etc."

There is an attractive picture, besides, of a nurse in uniform bandaging the arm of a good-looking young man, who is regarding the lady with affectionate interest. It is a very touching picture in more senses than one. What a contrast between the career of deception and fraud to which this advertisement invites a woman and a genuine course of training in a hospital. It does not seem as if impudence and unblushing greed could go so far! What protection has the real trained nurse against the so-called graduate of a school of correspondence like this? The fraudulent nurse will certainly never lack assurance. She can don the white uniform which graduate nurses so frequently wear, and to the inexperienced eye she is just as much a trained nurse as any of you. For this reason I have always believed that the abandonment of the training-school uniform by graduate nurses for one that is not distinctive was a mistake. People in the rural districts and small towns wherein there is no hospital never inquire as to the school of graduation of the nurse they employ nor do the doctors always inquire minutely into the antecedents of the nurse they want in a hurry. What protection is there for the young woman who has given up three of the best years of her life to fit herself for her profession against the unprincipled and dishonest person who is willing to lend herself to so monstrous a fraud? There is but one remedy, and that is registration. The law which your association succeeded in passing last winter is a complete protection against so-called nurses who hold diplomas not worth the paper upon which they are written. I believe the law should go further than it does, and compel every nurse who graduates in this State to pass an examination and register. If this were done, there would be an end to such advertisements as this. I do not believe that nurses in general appreciate the very real protection which this admirable law provides. If they did, there would not be a nurse in the State entitled to register who would neglect her duty in this respect. It is a duty which you owe to the public and to your sister nurses to take advantage of the law, which has been framed not alone for the protection of the public, but for your benefit also. Nurses engaged in private duty have been singularly negligent in this respect. I cannot believe that they fully appreciate the necessity of a full registration. Since the law is not at present obligatory, it will be almost wholly nullified if through apathy and negligence nurses throughout the State fail to register. Fifty or a hundred nurses cannot make the title of registered nurse of much significance. It must be so universally the practice that the people will expect every nurse to be a registered nurse. Then only will the title be a real protection to yourselves and the public. If there is one quality more than another which a nurse must possess to make her valuable, it

is the quality of truthfulness. We must be able to depend absolutely on her every statement. Superintendents of training-schools realize this. I once knew a nurse to be dropped from her school because she was detected in falsifying her records, nor do I think she was harshly dealt with. I have called the graduates of these correspondence schools untrustworthy. I am sure there is no woman of the smallest intelligence who would not know that it was an utter impossibility to learn the profession of nursing by mail. What dependence, then, could be placed on the statements of a woman who commenced her career by patronizing what she knew to be a fraud, and who was willing to earn her living by deceiving those who employed her? There is only one way in which such enterprises as this can be effectually suppressed, and that is by a universal registration. Training-school superintendents should urge it. Last week all the voters of this great city were receiving admonitions to register. The word has even more significance to the nurse who has fitted herself for her avocation by years of hard work. So I say to you all, register.

It should be the earnest desire of every nurse in the State of New York to protect her comrades and the public against women who are little better than adventuresses. You have been aided by the Legislature in this work. See to it that you do not neglect your duty.

All physicians, but particularly the hospital men, recognize the indispensability of the trained nurse. I never stand in the operating-room without a sense of gratitude and admiration for the splendidly trained women who stand around me and contribute in so large a measure to the success of my work. I honor their patience, their endurance, their absolute fidelity to duty. The preëminent position which American surgery occupies in the world to-day is very largely due to the superior intelligence and education of the faithful women who assist us in operating-room and wards. It is one of the great pleasures of my life to bear testimony in this public manner to their worth and of our appreciation of their services.



THE QUALITY OF THOROUGHNESS IN NURSES' WORK *

BY ISABEL HAMPTON ROBB

Of Cleveland, Ohio, Late Principal of the Training-School for Nurses of the Johns Hopkins Hospital, Baltimore, Md.

A LITTLE over thirteen years ago it was my privilege to greet for the first time a Baltimore audience and to become for a few years a resident of Baltimore City. And, like all others who have once lived within her borders or who have been in any way a part of the Johns Hopkins Hospital or University, I have always been eager to seize any opportunity that might afford itself of revisiting the place that has been endeared to me by work and association. So when Dr. Hurd did me the honor to ask me to address the graduates of to-day, the pleasant anticipation of finding myself once more surrounded by Johns Hopkins nurses, past, present, and future, and of being again in touch with Baltimore, was not to be withstood. I am only too well aware of the fact that the retrospect and forecast I may hold before you to-day may not contain the full measure of inspiration and wise counsel that you may have hoped for, nor delight you with the happy phrasing that might have been offered you by many others who would gladly have accepted the honor of addressing you in my place; nevertheless, I feel assured that no one could be found who is more profoundly interested than myself in your individual interests and work, or who could draw more closely to you in those mutual professional ties and common interests into which you are about to enter.

At that first gathering the Johns Hopkins nurse was conspicuous by her absence. She was still in the future; her place was still to be made in the hospital and household; her history page was still fair and unwritten. But two years later the first class of graduates stood, where you now stand, prepared to leave their hospital and to go forth to form a new factor in the life of this city, to become part of it for better or worse; and each year since a fresh class has been added to the first, until to-day our *alumnæ* form a goodly host. How they have sped we of the household, who have watched their individual lives anxiously, know full well. The Johns Hopkins nurse has not only become a familiar presence in many homes both of the needy and of the well-to-do of this city, but to various positions in other cities and countries she has also carried the

* An address to the graduating class at the Johns Hopkins Hospital Training-School for Nurses, May 28, 1903. From the *Johns Hopkins Bulletin*.

well-known name of her hospital and school, doing both, we trust, honor and credit.

For the graduate of to-day that first class must need have a special interest, for early in its formation there came into its ranks one who was destined to become, a few years later, the chief executive of your school. From probationer to junior, from grade to grade, she worked her way up until there was no form of nursing within her reach she had not done, no nursing position the hospital had to offer she had not held. Thus year by year she went on with indomitable perseverance, unconsciously training mind and hands, so that when the time came there was no need for the hospital authorities to look beyond their own graduates for a principal for their school for nurses, since they had readily to hand one who was in every way capable of assuming a position of responsibility and trust equalled by few and excelled by none open to members of your profession. And it should be a matter of no small pride and pleasure to all Johns Hopkins nurses that with the exception of the first few years they have held within their own hands the welfare of the nursing department of their own hospital, and at the same time have contributed superintendents for similar positions to other hospitals in a greater proportion for the length of years it has been in existence than perhaps any other school in the country.

But if I recall these facts as affording a sufficient proof of the standard that your school has maintained, if I tell you that the eyes of the hospital world are ever watching with keen interest the progress made by this school, and that the superintendent of your school is an authority on nursing affairs, it is not that you may be puffed up or satisfied with yourselves, but rather realize the burden of the responsibility laid upon you, and that when you have done your best you may say with all humility, "We are unprofitable servants; we have done that which it was our duty to do," and strive to make the future stand for better work than the past.

There is, perhaps, no other outside of Miss Nutting's immediate co-workers who can be so well aware as myself of the steady progress made by this school; while carrying on its every-day work, she has lost no opportunity for its advancement and betterment, and, leaving unmentioned for the moment the many minor but important changes and improvements she has made, it is a great satisfaction to feel that she should have been among the first to inaugurate successfully the three-years' course of study, with an eight-hours' daily system of practical work, which marks one of the greatest advances in training-school methods. Her last great achievement has been the establishment of a preliminary course of instruction for probationers, the great need for which has given

me a subject ready to hand—a subject that one could readily discourse upon under many and various titles, but to-day permit me to speak of it in its relation to “The Quality of Thoroughness in Nurses’ Work.”

That there is a deep and widespread dissatisfaction felt at the lack of thoroughness in much of the work to-day, and that this deficiency is confined to no particular class of workers and to no particular degree of service, we are all aware. Nevertheless, although few of us escape the discomfort and annoyance attending upon it in some shape or form at one time or another, we find ourselves still able to endure it with a certain amount of patience and equanimity so long as it partakes of the impersonal; but once let it become personal in character, once let it enter the privacy of the home, and we are keenly sensitive and alive to defects in work of any kind and give expression to our feelings and opinions in no uncertain tones. But what worker is brought into more personal and intimate relationship with those with whom she has to deal than the trained nurse? All of us have heard a portion of the public sentimentalize and idealize the nurse with such fulsome flattery that we have sometimes prayed that we might be saved from our friends. On the other hand, we hear daily criticisms upon her many shortcomings, and so often are these latter sounded in the ears of the medical practitioner, whose coworker she is, that he is impelled to look for some favorable opportunity to appease his patients by laying all sorts of injunctions upon the nurse’s manners and morals, and finds it when making the annual address to the graduating class. And despite the fact that these recommendations have been made, almost without exception, in the kindest spirit, how often have we, who have had much to do with the making of nurses, been deeply embarrassed that such advice should be deemed necessary, inasmuch as we have felt that if such faults lay wholly and entirely within the guild of nurses, we must in common honesty refrain from adding one more member to the list. Graduates of the Johns Hopkins have been favored beyond their kind in having in years gone by listened in most part to addresses that were an inspiration to better deeds and higher ideals in beginning their professional career. Although you too have been besought upon one or two notable occasions to enter upon your duties in the full consciousness of guilt of such sins and frailties, if you possessed them, and had not battled against them and overcome them long before reaching graduation day, the address of warning would have availed you but little. Do not let me be misunderstood. I am not saying that nurses are perfect. What I wish to point out is that it is more than possible that the glaring imperfections of the trained nurse—and she has many—are not in the main attributable to any lack of training in her profession, but are shared by her with her

fellows in other walks of life and are the result of imperfect education—and here I use the word education in the broadest sense of the term. In other words, inefficiency, superficiality, and lack of thoroughness belong not to the graduate nurse alone, but are the common property of the modern woman and belong to the average American household.

In the statement that there is a sad lack of thoroughness in the average woman of to-day I need only refer to training-school statistics to bear me out. From one school in twelve months twelve hundred letters of information are sent out and some one hundred and seventy-five formal applications are received. Furthermore, from this number only fifty candidates are selected, and, nevertheless, from this restricted number of women chosen at least eight or ten are dropped generally for inefficiency and lack of education. If then only forty women out of a total of one hundred and seventy-five applicants are considered worthy of admission to the school, what is the probable standard of education among the other one hundred and thirty-five, not to mention the many women who do not make formal application because refusal is certain? Surely the superintendents of training-schools are justified in feeling that the unthinking part of the public would have them “make bricks without straw.”

But the fact that the qualifications of these selected few are not, and never have been, considered by superintendents of training-schools of the first order for the making of nurses is being proved rather by deeds than by words, and this dissatisfaction has found its expression in the establishment of a preliminary course of training, which is being tried in varying degrees in schools of this country and Great Britain, and which has been put on a more thorough and comprehensive basis in the Johns Hopkins than elsewhere. This extra course has been made compulsory before a woman can begin her technical training in nursing, in the hope of overcoming to some extent a very general ignorance and helplessness in a branch of knowledge that for century upon century has been supposed to be woman's chief stronghold—that of household economics. As Miss Nutting has said, “In pursuance of the belief that it is essential for the nurse to have a wide and thorough acquaintance with the subjects of foods and dietetics and a full knowledge of the work of the household, with careful training in its various branches, a comparatively large portion of time is devoted to this subject;” and in addition to this special course in household economics some training-schools are even advocating and arranging for a course in general literature and in practice in reading aloud, all subjects outside of the direct work of teaching nursing. No doubt many of you might think that the above statement cannot apply to all classes of women, but as a matter of fact actual

experience has amply proved that the woman of wealth, the well-to-do woman, and the college student are equally deficient in manual dexterity, so essential to good nursing, and are as ignorant of the underlying principles of household affairs as is the woman who has never had an opportunity to develop her mental powers and has labored all her days with her hands. It can be scarcely appreciated how deficient women are in the practical knowledge of the affairs of the house until one is brought face to face with such ignorance in some such place as a training-school for nurses, where it becomes one of the fundamental requirements. As an example, I have had instructors tell me that not one woman in ten upon first entering the diet-school knows how to make a cup of tea properly, few could break an egg deftly enough to separate the yolk from the white, while the qualities of accuracy, precision, and a fine finish are invariably absent. The woman who would be a success as a nurse, or, in fact, in anything, who would possess the quality of thoroughness in its fullest sense, no matter what kind of work she undertakes, needs the combined qualities of a trained mind, capable hands and body—and all must be dominated by the soul. Certainly no form of education can make for thoroughness or can fully fit for the business of life that does not recognize an equal training in this great trinity—mind, body, and soul.

But when and where should a woman receive such a preparation? Surely not during a six-months' preliminary course in a training-school for nurses, but rather during the sixteen years preceding the time she is of an age to take up the work she intends to make the chief occupation of her life. To quote the words of another, "The hospital is the place par excellence to teach the art of nursing and to practise the science, but it is not the best place, or even a good place, to teach the accessories. Moreover, in assuming the burden of this higher education we are unwisely making ourselves responsible for all the defects and deficiencies in the training of nurses and bearing the criticism against the profession, aimed for the most part not against her nursing education, but the accessories." If, then, this education is to begin with our childhood, where and how should it be given? Naturally, in the school and at home. But, as Miss Nutting has said, "Were it possible to place the requirements of admission at such a point as would insure in our pupils a definite knowledge of certain prescribed subjects before entrance to the schools of nursing, it is manifest that our work of education might be greatly facilitated." That such a course under present conditions is not practicable is only too evident. Any scheme for such preparatory instruction should include, first, a thorough practical training in the care of the household and a knowledge of the properties of foods. Now at

present there exists no school of instruction where a candidate could go to prepare herself fitly in these subjects for entrance to the hospital school for nursing. To be sure, the Drexel Institute in Philadelphia, the Pratt Institute in Brooklyn, the School of Housekeeping in Boston, and some others cover the ground of the domestic sciences admirably, and upon them we draw for our instructors in these branches. But the instruction in these institutions is largely occupied with the subject of foods and cookery, important essentials, indeed, but which do not include all that is meant when we say that a pupil should have a knowledge of housekeeping before entering the hospital wards for her training as a nurse. Unfortunately, this practical handling of the things and affairs of the home is taught in no schools and in but few homes at the present day, and, as Spencer has said, "That which our school course leaves almost entirely out, we thus find to be that which most nearly concerns the business of life."

The subject of the home in relation to the question of a three-fold education has of late years been well studied by well-qualified investigators, who have pointed out clearly and emphatically the shortcomings of the present day in this connection, and have sought for and recommended various remedies through the application of which we may hope to arrive at a better state of affairs; but up to the present time the ground has hardly been broken and no great general advance has been made. Specialized efforts, such as these preliminary courses for student nurses, have already accomplished something directly and indirectly and are doing an immense amount of good, inasmuch as they have emphasized the necessity for similar education in all forms of work.

Thoroughness in any form of education must have its roots deep laid in the home, and we women have much to do with it there, and are answerable in a great measure for the present inefficiency, ignorance, indifference, and waste. For the souls of the little children are ours to begin with, "Marvellous delicate and tender things," says Olive Schreiner, "and keep forever the shadow that first falls upon them—that is, the mother's, or, at best, a woman's." The world requires not more children, but a better quality, not the waste products of human life that so many are to-day. But at the present there seems to be but little hope for that ideal education for the child in whom lies the world's welfare, for the home is one of the few institutions left that still keep the drawbridge up and refuse to let progress and improvement enter within their gates. The individual still regards his home as his castle in its most conservative sense, and still clings to old traditions, old systems, and time-honored cook-books, and refuses to come into line and be guided by association and combination, by economic laws and principles, and by the specializa-

tion of labor in its true sense which makes for thoroughness as no other way can.

But women cannot be held entirely responsible for the increasing difficult conditions in the household and for the wholesale lack of thoroughness within and without. Progress in many forms has taken out of it a great variety of work that was once done in the household by women, and the time formerly spent in these various duties has not been fully accounted for in other forms of activities. How long will it still be assumed about housekeepers, as it formerly was about nurses, that they are born and not made, and that the only essential required is to be a woman; that a taste and knowledge for all things domestic is hers by divine right; that she intuitively knows all about the care and bringing up of children, the laws of health, hygiene, sanitation, foods and their preparation, suitable clothing and furnishings? And yet such a groundless assumption leaves her at the mercy of two very unstable teachers, Instinct and Experience, the former sometimes lacking, and the latter at all times to be acquired at a great cost. So at the present moment we have the spectacle of each household trying to be a training-school unto itself in domestic affairs, wasting the time of both mistress and maid in vainly trying to teach and to do things without any adequate knowledge of underlying principles, busy making patients for the doctor and nurse by jeopardizing the health of families by their woful ignorance, and, later, themselves falling by the wayside a prey to worry and worn-out nerves.

Nor are these the least of the woes that befall the modern household through its want of proper organization, its old-time methods, and its modern dangers. The rapid accumulation of great wealth, and its consequent tendency to luxurious forms of living and ease, have brought us very near to that point in the order of social change when a large class of women are in danger of becoming useless supernumeraries without an excuse for existing and a menace to the nation. The average man of the day devotes his energies early and late to the making of money, economizing labor at all points to compass his purpose, only to end in pouring his wealth into the hands of a wife or children who expend it in such profusion and lavishness of ignorance as has made Americans stand for greater extravagance than perhaps any other civilized people.

Even a superficial consideration of the question, then, will readily show that the inefficiency of the trained nurse can justly be placed only where it belongs—in the lack of proper early education; and while the preliminary course of instruction for other reasons is excellent and will probably always exist, it is to be hoped that it will not always be necessary to devote so large a portion of the time to household economics. Any adequate remedy for the present state of affairs can only come through

a true education of our women. They must be trained, disciplined to bear their due share of the work needful for the helping of the nation; they must be taught that the true value of money lies not in the luxury it may heap about them, but in the opportunities it affords, and that the true joy of living can only be found in congenial work. It would be well if all appreciated the fact that the existing or faulty order must inevitably continue until our women of wealth, refinement, and intellectual attainments combine their talents, leisure, and intelligence to bring the home into its proper place in the economic and scientific world by the readjustment of household work and by creating the desire and the demand that our sons and daughters, children of all ranks and grades, should be given a proper education; that from the beginning there shall go hand-in-hand the teaching of their numberless faculties that shall make for a practical and proper appreciation of the principles of art, education, and labor, and the joy to be found in each. For then, and then only, can they understand what life means and know how to live. Moreover, the preparation must be such an one as shall be a fitting preliminary training for their future occupation in life, whether it be that of the trained nurse, the physician, the housekeeper, statesman, artist, or artisan, each one, whether man or woman, being prepared to fill their chosen niche, happy in having found it, and not, as now too often happens, being forced into occupations for which they often have neither the heart, head, nor hand.

Upon both men and women are we dependent for the first steps that shall establish and thoroughly equip professional schools for the investigation of all subjects pertaining to the household, and that shall offer suitable inducements only to such persons as have the proper attainments for carrying on such studies, after which we may look for the establishment of technical schools for children embracing all branches of work that in any manner touch the home. These schools should cover the country like a net-work, as do the public schools, and should coöperate with them; they too should have the authority of the law behind them, for which the rank and the file of the people have due respect. In such schools should the trained nurse find her proper place. With her more intimate knowledge of disease and its causes and the dangers that menace health, she is well fitted to be the teacher of home sanitation, hygiene, the personal laws of health, the true meaning of cleanliness, and the prevention of disease. Despite the fact that bacteriologists are every day throwing more light upon the causes of disease, and each city is equipped with its health officer, hospitals are still being multiplied in the land, the supply of trained nurses is not equal to the demand, and our wards are just as full of typhoid-fever patients as of

yore. These facts must sometimes make us pause to question if we are not spending our labor and strength for that which profiteth not. But thus it must be until the public at large and as individuals have acquired a practical, intelligent appreciation of the above subjects and of the duties of individuals and communities in the prevention of disease.

We need two orders of trained nurses, the new order of the coöperating health nurse with the old order for the sick, who must ever be with us. The appointment of a staff of trained nurses to the schools of New York by the Health Commission for the purpose of continuing the work in the public schools is the beginning of this new order, and is a hopeful sign of the times.

Graduates of to-day, we who are already of the guild greet you heartily and give you cordial welcome to your place among us. In your future work we see much of hope and promise. When you have grown a little older, and have had a more varied experience, you will realize that the mere care of the patient is the least part of your work compared with what you can and ought to do towards making the conditions that cause pain and sickness and all manner of suffering less possible.

In a recent issue of *THE AMERICAN JOURNAL OF NURSING* Miss Dock says: "After one has worked for a time in healing wounds which should never have been inflicted, tending illness which should never have developed, sending patients to hospitals who need not have gone if their homes were habitable, bringing charitable aid to persons who would not have needed charity if health had not been ruined by unwholesome conditions, one loses heart and longs for preventive work, constructive work—something that will make it less easy for so many illnesses and accidents to occur, that will help to bring better homes and workshops, better conditions of life and labor." And this expressed longing finds its echo in the heart of each of us, who have learned by experience that the faithful nursing of the patient, the splendid work done in so many forms of philanthropy, and the efforts of religion do not reach the root of the matter. In your professional life you have learned that we may dress and nurse a wound ever so carefully, but that all our work represents time and energy expended in vain, that a breakdown of the wound is inevitable, did not the surgeon first clean and scrape away all the diseased tissues, reaching deep down into the fresh, healthy part, until no germ of disease was left to impair the growth of new, healthy flesh. And so it is with our work in caring for humanity in other ways—we are but staying a worse condition, perhaps, but not removing the cause, if we rest satisfied with mere treatment and do not direct our best energies towards prevention.

You are, therefore, to be congratulated in your choice of work.

You are entering a field of labor that is ever widening, and where each can make for herself a definite place in rendering such ideals of education as I have but haltingly tried to show you to-day practical facts. More especially are you to be congratulated in your choice of a school where the standard of excellence desired for its graduates is so clearly set forth, and where there is placed within the reach of pupils the possibility of that quality of thoroughness that is the great need and demand of the day.

THE OLD NURSE

BY KATHERINE DE WITT

Graduate Illinois Training-School, Chicago, Ill.

So many innuendoes have of late been cast upon the old nurse that I feel an impulse to rise in her defence. Must she really think of herself as useless lumber? Does the law concerning the use of experience hold good in other walks of life and fail in ours? The woman who takes up teaching as her work often finds it difficult to get started. She must, as a rule, content herself with a humble position and a humble salary until she has proved her worth. Once started, her career is sure, if she be worthy. She advances steadily, gaining in knowledge at each step, and her age is crowned with honor. The woman physician, fresh from a medical school or, if she has been fortunate, from a hospital position, is glad to begin as an assistant to some one of her seniors who is well-established, and if she be worthy, she soon works into a position of her own. In both these cases, however, success depends upon ability and hard work. It is not to be denied that there are teachers who remain stationary in undesirable positions, or that there are physicians who fail to advance and who finally conclude that they have mistaken their calling and take up some other line of work.

In our own profession there seems to be no question in regard to the use of experience in hospital positions. The posts of greatest responsibility are, almost without exception, held by women who took their training years ago, who have gained wisdom with years, who are our leaders in thought and action. When one of these representative women gives up a post she has long held her absence seems a calamity, and it is long before anyone else can take up her duties as ably. The officers of an institution who are seeking to fill such a vacancy do not, as a rule, choose some member of the last graduating class, but someone who has already served well in some minor position, and who has demonstrated her ability to step up higher.

It must then be the private nurses at whom the shafts are aimed. Perhaps we have partly deserved them. If one take a list of graduates of any school and go over the earlier classes, she will find herself saying: "These have died, these have married, here are a few who are holding important hospital positions, and of the rest I know little; they have given up their work because they are tired or ill, or they have taken some position where their knowledge of nursing is useful, but where they can sleep at night. Only here and there do I come upon a name of a nurse who still clings to private nursing and who is still in demand, and whose usefulness seems to be waxing, not waning."

After thinking upon this problem for some time I have come to the conclusion that the explanation lies in the more solitary position of the private nurse. The teacher, the physician, and the hospital nurse are working shoulder to shoulder with comrades. There is a continual inspiration from continual competition; there is a steady exchange of ideas. The private nurse, on the other hand, works largely alone. When she begins her career she is well versed in the latest methods, her mind is filled with the newest ideas, she is able, enthusiastic, and interested. No wonder the doctor is glad of her assistance; she needs no explanations or minute instructions; at a word she understands what he means and fulfils his intentions. But the young nurse who considers this knowledge an inexhaustible mine on which she may draw for her resources is making the mistake which will by and by cause her to fall from the ranks or, at least, to lag in the rear. As the months go on she continues to use and add to part of her knowledge; the rest may be uncalled for and grow rusty or obsolete. She will at first be associated with many doctors, but as time goes on she is better known and is demanded by a few who keep her busy, and these may or may not be progressive and a help to her own progress. Her intercourse with other nurses is rather limited. She has not new knowledge continually forced upon her, and if she wish to rise, she must fight for herself. I think it is true with all of us that the manual part of our work calls for so much energy that we have little left for mental improvement.

Let us consider how a nurse may overcome these very obvious difficulties. First of all, she must divest herself of the notion that she has attained and may rest from her labors; she must be ever watchful of herself, critical of her own defects, merciless to any spirit of indifference which may show itself, eager to learn, zealous to seize every opportunity to add to her knowledge. I do know a few old nurses who are in constant demand, who have hardly a breathing-space in the year, and these are the ones who are always using every opportunity to learn something new, whether it directly concern their own branch of work or not. Post-

graduate work is an absolute necessity, and it should be taken up five years after graduation, if possible, and resumed at like intervals later. Many nurses are very short-sighted in regard to this, and feel that they cannot spare the time or the means. The unsuccessful nurse feels that it is impossible to spare three months of time, which represent so much opportunity for earning, and the successful nurse finds it very difficult to run away from her patients. But in no other way is it possible to renew one's grasp of present conditions. I think it is usually advisable for a nurse who goes back for post-graduate work to take up general nursing as well as her own special line. It all has a bearing on her work, and all will prove useful as she goes on.

Then there is the broad-mindedness which is to be obtained only by keeping in touch with the nursing world through membership in nursing organizations and through the reading of a nursing journal. I really do not believe it possible for a nurse to continue long in usefulness who goes on her isolated way, refusing to give or receive aid from her fellows. On the other hand, a nurse may belong to her *alumnæ* association, subscribe to a nursing journal, take a post-graduate course, and still remain locked in the shell of her own ignorance, if she have not the receptive mind, which is on the alert for knowledge and which grasps it at every opportunity. There are a thousand doors open for those who will enter.

One of the successful "old nurses" wrote to me recently, "I am always glad of a hospital case, for though I am more hampered in my work by the hospital rules, I always learn a great deal." I know how she learns it, for I have seen her in a hospital and surrounded by younger nurses. She goes with the realization that an outsider brings some extra trouble, and she adapts herself as quickly as possible to new conditions and demands as little as may be. She has an eager interest in all that goes on about her, but she is wise enough not to get in the way or to ask questions at inconvenient times. She is ready to give as well as to receive, and she is met in the spirit of loving-kindness which she radiates, so there is a mutual benefit.

Another important point is that a nurse should be able to recognize an opportunity when it presents itself. May I narrate an incident which illustrates this? A nurse had been working along on the same general lines for several years when she was called to an obstetrical case for a new doctor with very progressive ideas. He asked for a number of things which were not on hand, and when she offered him the best substitutes she could get at the moment he accepted them without comment. All went well, but during the weeks that followed she was haunted by the conviction that she had not been equal to the demands made upon her. As soon as the case was ended she asked the doctor for an appointment at

a time when he would have leisure to talk with her, and when they were settled for a conference said: "I didn't have things as you wanted them for this patient. I wish you would tell me just what you want on hand and just how you want things prepared." "Good!" he replied, "I am very glad to tell you," and he went carefully over the whole ground of supplies, solutions, and sterilization in detail. The result was that her work was revolutionized. She was most grateful to this doctor for meeting her so cordially half-way, and she was so pleased with her new discoveries that, like the Ancient Mariner, she buttonholed every nursing friend who came her way and compelled her to listen to her tale. Some received it with a puzzled air, and said people had lived to this time without so much fuss and they were sure they would continue to do so. Others were eager for every detail, and put the new principles into practice. I think this difference of attitude illustrates well the difference in old nurses. Some move with the times, others stagnate. To the one who keeps her eyes open, small things are significant. She attends a clinic and sees the surgical nurses handing sponges with dressing-forceps in place of the surgically-clean fingers of the past. She makes inquiries and finds it is a method which is being generally adopted; therefore her next shopping excursion includes the purchase of dressing-forceps, or her old ones are devoted to this new use. One must, however, distinguish between essentials and non-essentials. There are many devices in use in hospitals which cannot be duplicated outside or are not desirable. What we need is to grasp the principle involved and then use, as far as possible, the means at our disposal, and not involve our patients in needless expense.

So far I have laid particular stress on the fact that a nurse must keep thoroughly in touch with her profession, but every private nurse knows that, paradoxical as it may seem, she will fail to succeed unless she cultivate other sides of her nature also. She must have other interests than professional ones; she must be well read and in touch with topics of the day in order that she may be companionable. This broad interest will help to preserve her youth, for it is often the nurse whose thoughts all run in one groove who comes to grief.

The power to throw off care is another life-preserver; one must feel anxious when there is cause for anxiety, but there are dozens of nurses who sink under a load of care about what *might* happen, or who carry on their hearts a heavy load of responsibility which really belongs to the doctor.

Given a nurse who has all the desirable attributes I have enumerated, I think anyone will agree that as years add to her experience, she becomes more valuable rather than less so. This fact is recognized by the public.

The secretary of a nurses' directory is always being asked: "Can you send me a nurse who has had experience with typhoid? Have you someone who has proved successful in nervous cases?" etc., etc.

After all, it rests with ourselves whether we shall hold our own as well as women of other vocations do.

A YEAR'S WORK FOR THE CHILDREN IN NEW YORK SCHOOLS

BY LINA L. ROGERS

Nurses' Settlement, New York City

It may not be known to all the readers of the JOURNAL just how school nursing originated. The first nurse who undertook this great work was Miss Honnor Morten, of London, England. It was begun in 1898 and has been carried on there ever since, but under many difficulties. The staff at present numbers five, and they are paid by public subscription.

Miss Wald, of the Nurses' Settlement, seeing the need of such work here, presented the idea to the Boards of Health and Education, and even offered one of her staff to make the experiment. This proved a success beyond expectation, the result being that the city gave an appropriation which enabled the staff to be increased so that all the schools in the lower East Side and many up town, as well as a number in Brooklyn, are daily visited by a nurse. That "an ounce of prevention is better than a pound of cure" has been well proved by the year's work. Not only has the vast number of healthy children been protected from disease, but the afflicted ones have been carefully attended to and cured.

In a paper on "Medical School Inspection" printed in the *New York Medical Journal*, February 10, 1900, the following statement occurs, "The objective point in the system is *exclusion*." Now, in the same month in 1903, the system has undergone such changes that the objective point is quite the reverse—namely, *to keep the child in school*, and at the same time have the treatment carried on systematically until a cure is effected. This is due to the presence of nurses in the schools.

Under the old regulation, when the teacher sent a child suffering from some contagious disease, such as ringworm, to the doctor, and he excluded the child from school, their duties were finished. The child possibly took his card home and no attention was paid to it, and when needed it could not be found. He, in the meantime, played with the other children on the street until he got well or until the truant officer found him.

Now, instead of being sent out of school he is taken to the nurse, who promptly washes the sore spot with a tincture of green soap and water and applies a coating of flexible collodion. After this kind of treatment for a few days the "ring" disappears entirely. The collodion having stopped the spread of contagion, he is practically as safe as the others.

Each disease has its own treatment outlined by the Department of Health, which is followed without variation unless the Medical Inspector prescribes some special treatment. Following are the diseases and their treatment, as shown by the card of instruction given to each nurse:

"DEPARTMENT OF HEALTH, NEW YORK CITY.

"INSTRUCTIONS TO NURSES.

"The following methods will hereafter be used in treating children sent to the nurse by the Medical Inspector of Schools.

"**PEDICULOSIS.**—Saturate head and hair with equal parts kerosene and sweet-oil; next day wash with solution of potassium carbonate (one teaspoonful to one quart of water) followed by soap and water. To remove 'nits,' use *hot* vinegar.

"**FAVUS—RINGWORM OF SCALP.**—*Mild cases:* Scrub with tincture green soap; epilate; cover with flexible collodion. *Severe cases:* Scrub with tincture green soap; epilate; paint with tincture iodine and cover with flexible collodion.

"**RINGWORM OF FACE AND BODY.**—Wash with tincture green soap and cover with flexible collodion.

"**SCABIES.**—Scrub with tincture green soap; apply sulphur ointment.

"**IMPETIGO.**—Remove crusts with tincture green soap; apply white precipitate ointment (ammon. hydrarg.).

"**MOLLUSCUM CONTAGIOSUM.**—Express contents; apply tincture iodine on cotton toothpick probe.

"**CONJUNCTIVITIS.**—Irrigate with solution of boric acid."

By means of the card system now in use it is almost impossible for the children to be neglected if everyone does his duty. The diseases are arranged in code form, each disease having its own particular number. These numbers are placed on an index card, which also has dates, when ordered under treatment, when under treatment, exclusion, readmission, and also the class and room number and school. This is signed by the Medical Inspector and left on file for the use of those requiring this information. The routine inspection is made once a week by the doctor, who goes into the class-room, stands with his back to a window, and as the children pass before him he looks at the eyes, throat, hands, and hair of each individually. On other days at an appointed time he visits the school, and those who have returned after an absence of several days, or any who have the slightest indication of any contagious disease, or who have returned after being excluded by the doctor, are sent to him. Those

who can be cared for by the nurse are sent at once to her, the others being either returned to their class-rooms or sent home, as the case demands.

Amusing things happen sometimes even in so serious a work. At the beginning of the term one nurse rang the bells as usual, by which she indicates her arrival, and when she returned to the playground where she works was amazed to find the place crowded with children. She walked over to one of the teachers and asked the reason, and was told, "This is a fire-drill." The nurse was a little perplexed as to how she would get "her children," and went to interview the principal, who did not know that the drill-call had been rung. Explanations followed, and it was found that during the summer the bells had been changed and the nurses' call used for fire, she having unwittingly rung the alarm, thinking it her own. The principal said she was much relieved to know it had gone off so smoothly, as she anticipated an anxious time when the first alarm should be rung. The children, however, thought it was intentional, and, while they came down quietly and quickly, were making the most of the short recess occasioned by it, and much entertainment was caused by getting into line, etc. The system by which pupils are sent to the nurse varies in the different schools. It is desirable to have whatever arrangement is most suitable for the teachers.

During the one hundred and twenty school days from January until June, when vacation began, the number of treatments given was one hundred and thirty-five thousand eight hundred and fifty-four, there being twenty-three thousand one hundred and ninety-one children with different diseases. To show from what children suffer most I will quote a few figures for the Borough of Manhattan alone, where there are sixteen nurses: Contagious eye diseases, sixty-five thousand nine hundred and eighty-seven; pediculosis, fifty-five thousand six hundred and thirty-one; ringworm, six thousand and fifty-seven; eczema, two thousand two hundred and eighty-five; scabies, one hundred and sixty-three; miscellaneous, five thousand seven hundred and thirty-one, which includes anything not on the code, such as cuts, wounds, etc.

Trachoma, of which more will be said in another issue, is not treated at any time by the nurses. The simple washing out of the eye has very little effect on the disease, if any, and is a source of contagion unless the strictest precautions are observed. The acute conjunctivitis and the purulent forms are thoroughly cleansed with a boracic-acid solution, and besides this treatment in school the mother is visited and a practical demonstration is given with the advice to repeat the treatment at regular times.

Eczema, scabies, and impetigo are treated according to the schedule given. Pediculi succumb readily to the kerosene and sweet-oil. The potassium carbonate aids in getting off the oils and dirt. The vinegar

when heated and applied loosens the "nits," when they can be brushed or drawn off with a piece of cloth. This means a lot of labor for the mother, but as they are anxious for the children to be clean every effort is made. That the work is needed is seen by the many requests from teachers and doctors asking for nurses in schools where they have none. While much has been done, there is still more to be done. We hope to have every school in the city supplied with a room and other essentials, as well as having a nurse. Not the least part of the education is the instruction given to the mothers in the homes in cleanliness and the smaller details of nursing.

It is hoped that other cities may find it a part of their educational system which they cannot neglect, and that in a very short time the work will be universal.

THE TEACHING OF HYGIENE TO NURSES IN THEORY AND PRACTICE *

By ISABEL McISAAC

Superintendent of the Illinois Training-School for Nurses, Chicago, Ill.

THE evolution of the instruction of nurses presents some curious phases which afford examples of "development along the lines of the least resistance." At first glimpse it would seem that the subject of hygiene should be regarded as of the greatest importance in a nurse's education and surgery of the least; but no one at all conversant with training-schools can deny that the reverse is the rule—to such an extent that some of us are asking one another if we are not making better surgeon's assistants than nurses. That this is true is because we find along surgical lines no obstacles in the way of either theory or practice, but when we confront the subject of hygiene, especially in practice, numberless lions line the path, and we are frightened into confining ourselves to superficial theory, for which we do not find a working basis. When the medical side has as violent a seizure of the development of detail as the surgical has been working out during the past ten years we will find many of our lions gone; but meanwhile there are some things we may do ourselves. Incidentally, I wonder why no one has written a text-book on *medical technique*?

First, how has hygiene been taught in our schools? Usually by half a dozen lectures and as many classes on theory, while in practice almost

* Read at the tenth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, Pa., October 7, 8, 9, 1903.

nothing. Indeed, among the more intelligent class of the laity we often find a far better understanding of practical hygiene than among graduated nurses. I do not find so much fault with the amount of our theoretical instruction, because it seems to me a better way not to preach what is not practised. We teach, for instance, that three thousand cubic feet of air-space every hour is necessary for each person in a sick-room, and at the same time most of our wards do not give two-thirds as much. Our operating-rooms are built in such fashion that to maintain a sufficient degree of heat ventilation is almost entirely cut off, and when the room is filled with surgeon, assistants, and nurses, how much oxygen is left for the patient? Our homes for nurses nearly all have insufficient air-space in the sleeping-rooms, and most of us must confess to many uncomfortable thoughts when teaching upon the subject.

Again, we teach the necessity for sunlight, yet many of our schools situated in large cities are so shut in that nurses go through their whole course of training in bedrooms without a ray of sunshine. What need to theorize about food values when a majority of our hospitals give scant attention to proper diet, and almost without exception the dietary of our schools is considered mainly from the standpoint of economy? You and I know only too well of night nurses on duty twelve hours whose midnight meal perhaps consists of a slice of dried beef, bread and butter, stewed prunes, and tea, with an occasional slice of cake. The working-man's noon lunch of rye bread, cheese, and beer would be far more suitable. In this country the use of stimulants among nurses is, happily, infrequent, but I know of nothing which encourages it more than improper food.

Again, we teach at great length the various ways bacteria are carried, and at the same time we daily see nurses in hospital uniforms in street-cars on their way to and from patients. Does the question arise in our minds of how far they may be responsible for infectious complications? And then how much mischief may the nurse do who wears that abomination, the trained skirt, and comes home to hang it in the same closet with her uniforms!

How is the sweeping and dusting done in most of our institutions? By stirring up the dust vigorously with brooms, and then, to be sure that no patient escapes, giving it a second shake up with a dry cloth or feather duster.

What good to teach nurses theoretically to dust with damp cloths when a dozen maids are wielding brooms and dusters daily under their eyes?

In our cities and towns where typhoid fever prevails how much is done in most of our schools to insure pure drinking water, or how many

nurses are taught how to purify it? None of us have forgotten the story, related last year of the epidemic at Cornell, of the nurse who continued to give her patients the same water from which they got their infection. Either she was lacking in principle, or her school had woefully neglected to teach her a most important point in nursing typhoid fever.

It is not necessary to go on enumerating these well-known instances, but I do wish to say most emphatically that hygiene should be better taught and better practised. The movement to give nurses a wide training in domestic science in a preliminary course solves the problem almost entirely for the schools which are in a position to give it, but what may be done in the schools for which such a course is a remote possibility?

First, we may provide a house for pupils which is kept wholesome with good plumbing and ventilation, and then teach them what that means to them personally. Further, they need much instruction in personal hygiene: the proper care of their own bodies is often as foreign to them as nursing an infectious case. When that is done we may bring them to a realizing sense of the danger to themselves of dust, impure water, bad air, infected clothing thrown on the ward floors, coming to meals without first scrubbing their hands, and so on ad infinitum. Like all other species of the human race, nurses are most powerfully moved when a subject affects them personally, and knowing that infringement of the rules of hygiene with patients is a menace to themselves helps wonderfully to impress the need of care upon them. I think the subject of proper food for patients and nurses too is the most formidable lion we have to pass. Domestic service in our country at this time is in such a chaotic state that to provide good, wholesome food for a small family is often almost an impossibility, and when the problem is multiplied by several hundred patients and a proportionate number of nurses no wonder we are appalled and resort to feeble, inadequate makeshifts.

More than fifteen years ago Miss Hampton advocated putting hospital kitchens in charge of the nursing staff, and in the institutions which have tried it the experiment has been successful, not only in affording better food, but from the standpoint of economy. We cannot, however, claim this idea as original with nurses because the nursing sisterhoods have practised it for centuries. It was my good fortune to drift, quite by accident, into the Ospedale Civile in Venice last year, and during that very short visit I saw many things which revealed much. It is nursed, of course, by the sisters, and after one has been sufficiently enraptured by its picturesqueness the cleanliness strikes one. I came away with some comparisons in mind which were truly odious. The kitchen is a never-to-be-forgotten place. While it may have lacked some Yankee inventions of convenience, it was so clean, so bright and fresh, and the suppers

going out were so well prepared, that I recalled other hospital kitchens which need no description. When a country so bowed down by poverty as Italy can furnish its sick poor such comforts, we may well ask some uncomfortable questions about our own hospitals. The consideration of public hygiene is a subject almost entirely neglected in our schools, and nurses are graduated knowing nothing of it. As a part of their last year's work I regard it as most important. The subject of ventilation, for instance, is one they should understand thoroughly, as applied not only to sick-rooms and wards, but to the systems employed for the whole of hospitals, for schools, theatres, hotels, and all kinds of public institutions.

Next and allied to ventilation is heating and lighting both hospitals and houses, in which we should go into methods with grates, stoves, hot-air furnaces, and steam; likewise candles, oil, gas, and electricity.

Following is the water supply for cities, towns, villages, farms, and camps. Knowledge of the last might have spared many lives in the Spanish-American and Boer Wars.

Next, public drainage and disposal of garbage, not only for the city in which they live, but the principal cities of the world.

Next, the milk supply, transportation, refrigeration, contamination, and simple tests for adulteration.

Next, the food supply, especially of meat, poultry, fish, fruit, and vegetables.

Last, quarantine, beginning with rooms and going on to houses, hospitals, neighborhoods, towns, cities, States, countries, and ships.

All of these subjects have laws, national, State, and municipal, which nurses should know something of.

The Jewish laws regarding food make a most interesting and valuable topic, beginning with Leviticus. Ignorance of them places a nurse to a great disadvantage in doing private duty in an Orthodox Jewish household, and nurses doing district or settlement work can do so to much greater advantage with some knowledge of them, and especially if with that knowledge they have also been taught to respect the prejudices of the race.

The sum and substance then, it seems to me, is that we should teach more and better, and then put our principles upon a rational, intelligent working basis, never forgetting the scriptural injunction about "faith without good works."



THE WORLD'S WAR AGAINST CONSUMPTION

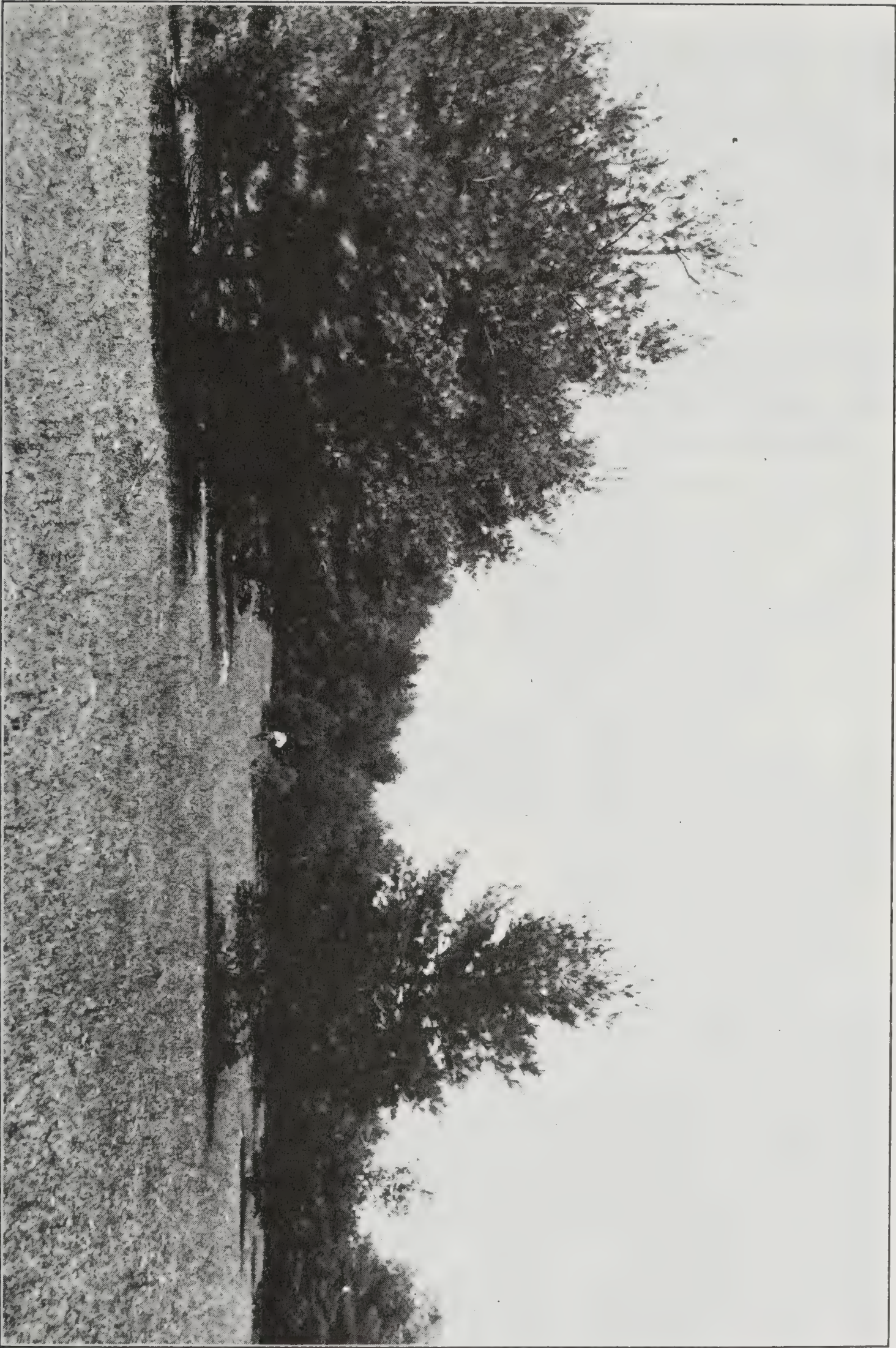
COMPILED BY L. L. DOCK

(Continued from page 106)

THE PENNSYLVANIA FOREST RESERVES AS SANATORIA

THE State of Pennsylvania leads all others in its work of preserving and reclaiming the vast forests with which Nature had endowed it. The Forestry Commission of Pennsylvania, under the presidency of Dr. J. T. Rothrock, of West Chester, has not only taken an enviable position of leadership in the immense and vital subject of forestry as such, covering the vast problems of protection of river sources, head-waters of streams, the mitigation of floods, and the modification of rural life through the systematization of a great communal industry, but Dr. Rothrock, who besides being a scientist has the degree of M.D. and is a man of boundless humanity and altruistic enthusiasm, has for a number of years planned to open the public forest lands, under certain restrictions, to invalids, especially consumptives. The "Report of the Pennsylvania Department of Forestry," published late in 1902, shows his plan and also what has so far been accomplished in this direction in the establishment of a camp for consumptives at Mont Alto Park.

In this report Dr. Rothrock says: "I desire very briefly to discuss one aspect of the Forest Reservation work which seems to have been generally lost sight of in considering the relation of the Government to the citizens; I mean the State lands as sanatoria and outing grounds for those who are in search of health and recreation. It has long been known that there was some relation existing between outdoor life in some form and the cure of pulmonary tuberculosis. Half a century ago it was believed that if one suffering from this malady had the strength requisite to go to, and remain in, the cabins of the men who were producing charcoal for the furnaces his chances for recovery were good. By a strangely erroneous opinion it was thought that the benefit derived came from inhaling the charcoal dust. This dust, as we know, is carbonaceous in character and, in so far, is much more likely to be a cause of danger than of help. The real cause was the fresh air in which they lived, which was potent enough to overcome even the injurious effect of the coal dust. That strange terror about night air which so distorts our vision that we cannot recognize that pure air and lungs are specifically adapted to each other, and, therefore, the former cannot well injure the latter, has been responsible for the deaths of thousands of victims who were confined, from mistaken ideas of kindness, in the unwholesome atmosphere of a closed room.



IN FRONT OF SANATORIUM



"PEARL OF THE PARK"

“We are fast gaining a better knowledge of the real facts. Consumption is a disease (largely) of indoor life. The cure for it is activity out-of-doors. Any outdoor climate in this State is probably more healthful than any indoor climate we have. At the same time it is true beyond dispute that some locations are better than others. The highlands of Pennsylvania are known to be especially favorable for cure of pulmonary tuberculosis. In other words, we have in Pennsylvania many thousands of acres, which are the property of the Commonwealth, to which our ailing citizens might go in search of health with a well-grounded hope that their search would be successful. The importance of this appears when the statement is made that there are thousands of our indigent sick citizens who annually give up hope of prolonging life because they have not the means to visit some of the distant health resorts which have established reputations.

“I should fail in my duty if I neglected here to assert in the most positive terms that I know of no way in which the Legislature of the State of Pennsylvania could do a greater good for a small sum than by providing shelter on selected portions of our Forest Reservations to which our needy sick could go. Modern science is fully equal to the task of protecting the community against harm from such institutions.

“Somewhere, somehow, these people must be cared for. They are a greater source of danger to the community when free to work out their own devices than when placed under proper sanitary control. They are human beings, and our religion forbids that we turn them adrift to die without thought or care. I know that there are regions, healthful regions, in Pennsylvania, where moneyed interests have combined to bar out those who suffer from this disease, where no compromise is considered and no division of God's gift of fresh air allowed. We leave these parties to their own reflections. There are forms of inhumanity which it is difficult to characterize!

“I cannot allow myself to close this report without calling attention to the noble work which the Consumptive Hospital at White Haven is doing. It merits a most cordial and liberal support.

“There is another class to whom these reservations offer a rare chance. I mean those who are a little ailing and who seek a place where they may freely roam while in search of health. Two places have thus far been tested and given good results. First, that region near Resica, close to the boundary line between Pike and Monroe Counties. Second, the summit of South Mountain, back of Mont Alto, in Franklin County. No doubt there are other places equally good in Pennsylvania.”

Dr. Rothrock's plans have already taken shape in a small camp which is thus described in the same “Report” by Miss Mira Lloyd Dock, member of the State Forestry Reservation Commission:

“THE INVALIDS’ CAMP AT MONT ALTO.

“On September 27, 1902, I visited the camp for invalids on the Mont Alto Reservation.

“We drove from Graeffenburg, which lies at an elevation of one thousand feet above tide, and ascended almost one thousand feet more before emerging from the woods, upon the wide and beautiful summit plateau where the camp is located. The plateau itself, with a distant encircling rim of wooded ridges, reminded us of several places in the Black Forest much resorted to for the fine air by invalids, who are locally known as ‘air snappers.’

“The site of the camp at the edge of dense pine woods, facing south across slightly rolling pasture, is so healthful and so serenely beautiful that we wondered the land had not been utilized as a sanitarium long before now.

“The day was cloudy, and, following more than a week of heavy rain, we expected to find the camp wet and the campers perhaps depressed. In spite of excessive rain the gravelly soil and close-cut grass were dry and afforded pleasant walking. This feature is very important, for the network of old wood-roads which extend throughout the South Mountain lands offers an unusual variety of delightful walks, and from many years’ experience I know that after really violent storms the gravelly soil of these mountain benches and plateaus is firm and dry almost immediately.

“We found the campers very cheerful, even happy, most grateful for the opportunity of living in such a health-giving spot, and their only regret being that they could not remain indefinitely. Of the two families then in camp each had its own sleeping-tent, while a third tent served them in common as kitchen and dining-room. These tents were in beautiful order, and the camp housekeeping reflected great credit upon the two ladies, who expressed themselves as more than contented with the facilities for procuring meat, groceries, milk, etc., that were afforded by the mountain farms in the vicinity and by the mail wagon from Mont Alto.

“It being Sunday, the men in camp were resting, but we saw the results of their weekday work in the pines, where they had cleared out considerable dead wood.

“Altogether the camp presented a most inspiring picture of a noble tract of land being put to a noble use.

“If possible to do so, the camp housekeeping would be benefited by piping water from one of the springs not far distant from it. At present all water is carried from some little distance.”

For the practical details Dr. Rothrock’s plan includes sufficient



INVALIDS' CAMP

supervision to secure proper sanitary conditions in this and similar camps which might be established. From among his notes on the proper organization of such camps we quote the following:

“All garbage to be taken to a closed yard and mixed with an equal quantity of quicklime, turned into compost, and used as a fertilizer.

“Neither napkins nor handkerchiefs will be allowed; Japanese napkins will be furnished as substitutes. These will be placed, when soiled, in a closed vessel attached to each cabin, carried every morning to a crematory, and burned. The vessels themselves will be boiled at least an hour in a strong solution of alkali. The water from the cauldron to be run through the earth to be taken up by the roots of plants. No expectoration whatever allowed on the ground or anywhere except on a napkin.

“Excreta collected in dry earth closets, mixed every twenty-four hours with quicklime and compost.

“Clothing will be subjected to superheated steam before being washed.”

It would seem as if no nobler use could be made of the State forests than is outlined in the above reports, and it must be hoped that other States will follow this example of Pennsylvania.

Since the writing of this article the camps have been enlarged, a semicircle of tents now being found instead of two.

REGISTRATION FOR NURSES *

BY JANE A. DELANO

Superintendent of Nurses, Bellevue Hospital, New York

THE subject of registration for nurses has had all sides turned to the light, and I can scarcely hope at this late day to find new arguments to strengthen our present position or to make us more sanguine when we consider the future.

We have scarcely had time to adjust ourselves to the new conditions or to realize all that our victory means, but let us not forget, in accepting the benefits of registration, that they have been made possible for all by the untiring efforts of the few.

The necessity of supervision for the medical profession in New York was recognized as early as 1760, and a law regulating the practice of medicine was passed with the following preamble: “Whereas, many ignorant and unskillful persons in physick and surgery, do take upon

* Read at the meeting of the New York State Nurses' Association, October 20.

themselves to administer physick, and practice surgery in the City of New York, to the endangering of the lives and limbs of their patients, it is therefore enacted."

The need of a new law was evident in 1792, for, to quote a historian of that date, "quacks still abound, like locusts in Egypt."

We may well congratulate ourselves that from our own ranks came the demand for State supervision.

The census for 1900 gives rather startling figures. Out of twenty-one thousand four hundred and fifty-eight male and female nurses only two thousand seven hundred and thirty-four are counted as trained nurses. If these statistics are reliable, it means that to-day there are, in New York State alone, eighteen thousand seven hundred and twenty-four nurses and midwives who do not even claim to have been trained.

No one, I am sure, who once grasps the meaning of these figures can doubt the importance of registration, either for the individual nurse or the public employing her; but to me the far-reaching clause in the bill is this referring to schools, "and registered by the Regents of the University of the State of New York as maintaining proper standards."

There are over twelve thousand physicians practising medicine in New York, and thirteen schools are considered sufficient for their instruction.

With only two thousand seven hundred and thirty-four nurses,—trained nurses, I mean,—we have how many training-schools?

There are about three hundred hospitals and fifty-nine sanatoriums in the State, nearly all maintaining, striving to maintain, or hoping to maintain a school for nurses.

Who can deny that hospital economics is often the first and only consideration?

Do we realize the grave responsibilities resting upon our first examiners to decide not only what is meant by proper standards of education, but to determine, as well, which hospitals are able to meet these requirements?

Fortunate are we in having nurses upon this board who are courageous as well as diplomatic. For what they have already done we offer our true appreciation and gratitude.

Nurses in the years to come will add to the names already dear to us those of our number who have planned, and carried to a successful issue, a movement second only in importance to the establishment of training-schools in America.

Let us, as members of the New York State Nurses' Association, pledge once more our earnest support and loyal allegiance.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 93)

VII. THE FUEL FOODS—FATS

WHILE a certain amount of proteid food, varying according to individual conditions, is absolutely necessary for the maintenance of the body, the heat and energy needed may be supplied by the proteids themselves, by sugar and starch, or by fat. It is not a matter of indifference how the proportions of these vary, yet so great is the adaptability of the human system that where one is not abundantly available the others can largely replace it and serve its purpose. One may live very largely upon proteid food, the body using this not only for building, but for fuel, but this has two disadvantages and is not an ideal condition. In the first place, proteid food is, as a rule, more expensive than other foods, especially than starch, and it is poor economy to use an expensive article when a cheaper one will serve the purpose equally well. A more important reason lies in the relative proportion of carbon and nitrogen in the proteids. A certain amount of each is necessary in the maintenance of the body-functions. If enough proteid food is eaten to supply all the carbon necessary, more nitrogen than is required will be consumed. In the endeavor to dispose of this superfluous nitrogen the excretory organs, particularly the kidneys, are often overtaxed, and disease results.

Not only the carbohydrates, but the fats, are composed of the three elements, carbon, hydrogen, and oxygen, but in the fats these elements are in very different proportion from that in which they exist in the sugars and starches, the most important difference being the smaller amount of oxygen in the fats. In consequence of this they are capable of uniting with a larger proportion of the oxygen of the air, and when burned they give, pound for pound, more than twice as much heat as the proteids or the carbohydrates.

It is very necessary that in adjusting the amount of food we use to the amount of energy required for bodily processes and outside work we have some measure of the heat afforded by different substances. This measure is found in the calorie—the amount of heat necessary to raise one litre of water one degree centigrade, or, what is practically the same thing, the amount needed to raise one pound of water four degrees Fahrenheit. Sometimes the small calorie, or one one-thousandth of this large calorie, is used as the unit of heat, but in dealing with foods the

large calorie is more convenient. Using this as our measure, we find that one gramme (about one-twenty-eighth of an ounce) of proteid, or of starch, yields 4.1 calories, while one gramme of fat yields 9.3 calories, or one pound of proteid gives one thousand eight hundred and sixty calories, one pound of carbohydrate gives one thousand eight hundred and sixty calories, and one pound of fat gives four thousand two hundred and twenty calories.

The number of calories needed each day by an average person varies from three thousand to four thousand, according to the amount of work performed and other conditions.

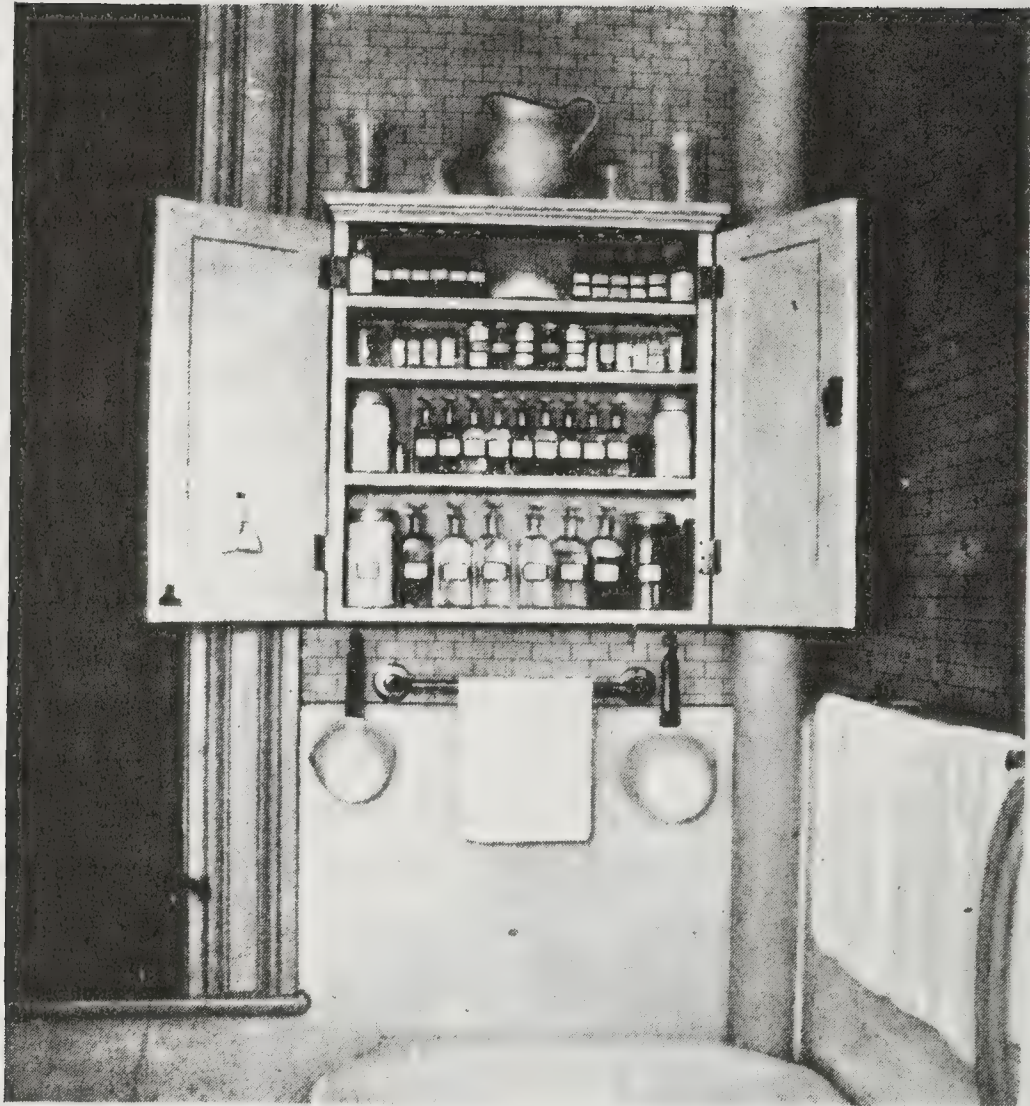
The common fats are made up chiefly of mixtures, in varying proportions, of three substances—stearin, palmitin, and olein. Of these stearin is the most solid, and it is this that gives the firm consistency to beef and mutton fat. Olive oil is chiefly olein, a semi-liquid fat at ordinary temperatures, with some palmitin. Butter contains not only palmitin and stearin, but a number of other fats.

The familiar process of soapmaking is carried on by adding some alkali, as potash or caustic soda, to fat. All the fats can be changed to soap in this way, with the formation of glycerine as a by-product. In the digestion of fat, which takes place wholly in the intestines, some of the fat, and possibly all of it, is saponified.

When fats are heated they do not boil. The bubbling that we often see simply shows that water is mixed with the fat. At a certain temperature, different for each fat, decomposition takes place, and certain irritating products are formed. It is probably due to these products that fried food is so often indigestible to persons with delicate stomachs. Fats which, like olive oil, have a high "cracking point," as it is sometimes called, are consequently more desirable for frying purposes than those which decompose at relatively low temperatures. The burning of fat, as in making a brown sauce, renders it less digestible for a similar reason.

Starch and fat are, within certain limits, interchangeable in the diet. The Laplander, because starch is expensive and difficult to obtain, as well as because of the greater heat-producing power of the fat, supplies his carbonaceous food chiefly from fat; the Japanese, with his abundant supply of rice at hand, uses more carbohydrate. Some fat is necessary in all diets, and often too little is supplied for health. Children especially need to be watched to see that a proper amount is present in their food.

There is a marked difference in the digestibility of different fats. Cream is generally considered the most digestible form in which it can be given, and butter ranks high in this respect. The yolk of egg is rich



THE HOME MEDICINE CLOSET

in fat in a digestible form, and bacon is considered an excellent form in which to give fat.

Fat is found in generous amounts in cocoa, olives, and nuts. Nuts especially deserve more general recognition than they have had as a valuable food, not simply as an adjunct to a hearty meal.

Mrs. Abel in one of the Rumford leaflets gives the following table of the percentage of fats in different foods: Meat (spoken of as lean), five to twelve per cent.; eggs, twelve per cent.; milk three to four per cent.; butter, eighty to ninety per cent.; cheese, eight to thirty per cent.; green vegetables, 0.3 per cent.; nuts, fifty-three to sixty-six per cent.; wheat and rye, one to two per cent.; oats, four to five per cent.; corn, five to six per cent.

(To be continued.)

THE HOME MEDICINE CLOSET

By M. M. BROWN

Graduate Presbyterian Hospital, New York

It is a common experience in connection with sickness or any small emergency at home to have to collect from different places in the house the various things that may be needed. Often one does not have on hand some simple remedy that may be required for a guest visiting in the house or for one of the servants. There are always varying needs arising unexpectedly, and it is not pleasant to fail to meet them in the simplest and easiest way. When the family is a large one certain remedies are apt to be kept in one room and others in another, where there is always the possibility of their not being available when wanted. If the medicines, etc., can be kept together in one place and always found there, it is not necessary to have a special closet made, though that is more practical. It is certainly helpful to have the medicines, etc., kept where there is a good light. The family bathroom is suggested as a good place, and as being more available than any bedroom. Sometimes there is a good space in an upstairs hall, or hall closet. The supplies should be kept high enough to be out of the reach of children, and they should be kept locked, with the key hanging near by, not in sight, but in a place known to the adults in the house. Old prescriptions should be discarded when no longer in use. The medicines should be kept fresh and every bottle should be distinctly labelled. Glass-stoppered bottles are advised as being more easily kept clean and more economical in the end. A small supply of clean empty bottles and new corks of different sizes is helpful

to have on hand. If there is no gas connection available for a small gas-stove, an alcohol-lamp with the wick in good condition and ready for use should take its place when necessary. A few towels and a small basin should be kept with the other supplies.

The following description of a home medicine closet which has proved itself a convenience is given with the hope of its being helpful in meeting a need which I have felt repeatedly in my own experience.

A closet twenty-five inches high, twenty-two inches wide, and six inches deep, as shown in the illustration, will hold the medicines and supplies given in the accompanying list. A closet a little larger, with an additional shelf for a few bandages, old linen, a small tray that would hold tooth-picks for making swabs, an eye-dropper, two clinical thermometers, a small glass syringe, menthol pencil, a box of matches, and a pad and pencil, would be more adequate, or a small drawer could be added at the bottom of the closet to supply this deficiency. The list given has been kept as small as possible, and can be modified to suit the needs of different households, substituting, if desired, other remedies that produce the same results. The list is made up of things that any intelligent mother would know how to use under the doctor's direction, and many of them on her own responsibility, in connection with sickness in her household. There are, of course, additions that could be made were a trained nurse to have it in charge.

The closet is made of wood painted with white enamel paint, and has wooden adjustable shelves. Glass shelves would be more easily kept in order.

For convenience the following list is given by shelves, which have been arranged according to sizes of bottles, etc.

First Shelf (space seven and one-half inches).—Six-ounce bottles of listerine, alcohol, glycerine, Pond's extract, brandy, lime-water; sixteen-ounce glass jars of boracic acid powder, flaxseed meal. Two glass covers for medicine and a roll of Z. O. plaster can be put on top of the glass jars.

Second Shelf (space six and one-half inches).—Two-ounce bottles of whiskey, aromatic spirits of ammonia, camphor, castor-oil, tincture green soap, turpentine, chloroform liniment, arnica, camphorated oil, sweet oil; box mustard leaves, jar absorbent cotton, jar gauze.

Third Shelf (space four and one-fourth inches).—One-ounce jars of salt, cold cream, vaseline, ichthyol ung., ten per cent., bicarbonate of soda; bottles of tablets of quinine, two grains; Fraser's migraine for headache, trional, five grains; viburnum led. co., cascara, two grains; soda mint, chlorate potash, rhinitis, calomel, one grain; aconite (No. 1, homœopathic); medicine glass; small measuring glass.

Fourth Shelf (space four and one-half inches).—One-ounce bottles

of collodion, iodine, laudanum, carbolic acid, bichloride tablets, oil cloves, essence peppermint, Jamaica ginger, syrup ipecac, paregoric, sweet spirits of nitre, tr. nux. vomica; lavender salts (small-sized bottle); two white enamel bowls to fit one underneath the other, one four and one-half inches across, the other five and one-fourth inches across.

On one door of the closet inside can be hung a corkscrew, small funnel for filling bottles, and a pair of scissors. On the other door can be hung a thumb forceps, teaspoon, small spatula, and a pincushion. It is well to have a list of the contents of the closet on one of the doors in order to replace anything that is lost.

On top of the closet there is a convenient space for standing a pitcher, pus basin, funnel, and two measuring glasses of different shapes, one to be used only for urine.

On the spaces on either side can be hung a bath thermometer, brush for washing bottles, a flattened wooden spoon for poultices, a hot-water bag, and a fountain syringe in a linen bag.

Underneath can be hung two sizes of saucepans.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 109)

How frequently we hear in these days (notwithstanding the modern, scientific improvements in housekeeping) our "home-makers" exclaim, "Oh! if I had more time, how much I could accomplish!" and the conventional answer, "You have all the time there is," though undoubtedly correct, is such poor consolation that it must surely proceed from one of "Job's comforters."

The only true way to solve this problem of time is resolutely to cut out of our lives the unnecessary things, and so make room for those that are really worth while.

Would it not be feasible to apply this theory to the daily routine of home-life, simplifying it in many ways, so that worry—that dangerous little microbe which undermines the health and happiness of many housewives—shall have far less cause for existence. It is the fussing over little, insignificant trifles relating to the domestic economy that takes up the time and strength and eventually breaks down the nervous force of so many women.

There is such a thing as even the virtue of cleanliness becoming almost a vice when carried to the extreme under all circumstances, as

exemplified in the case of one over-particular housewife I know, who always insists on the outside steps and railing being washed on a certain day, even if the rain be coming down smartly. The same exacting housewife has a strict catalogue kept of her linen-closet, and makes it a rule that anyone who takes out a piece of linen, from a tablecloth to a duster, must write in a book the number of articles and the date they are used. As the whole house is conducted along these fixed lines, small wonder that the family find home-life a burden, with the reiterated warnings to be careful of the furniture, not to carry dust over the polished floors, never to leave a book or magazine out of place, or disturb the sofa-cushions, chairs, etc., etc.

Undoubtedly a certain amount of order and regularity is necessary in the home-life; on the other hand, our home is the one corner of the world where we relax from the conventionality of life, and the keynote is comfort and rest.

When it comes to the choice of being called either a perfect housekeeper or a companionable wife and cheerful mother, with time and strength to be interested in her children's happiness, who would hesitate between the two? Rather, far, a little laxness in the domestic routine than a worn-out woman on the verge of nervous prostration because the day is not long enough to permit her to carry out her purposes.

It is a good plan to review briefly each morning the duties and obligations of the day, portioning out the time to be devoted to work, rest, and recreation, three duties of equal importance in the lives of all men and women.

Something is out of gear when the "home-maker" wakes up each morning with the thought heavy on her heart and brain that she has more to accomplish in the next twelve hours than one head and two hands were ever intended to do. Real duties never conflict, so it is time to sift out the chaff from the wheat.

One of the "unnecessary" causes for care and worry is the accumulation of half-worn and useless possessions.

When a new household article is bought the old one is frequently stored away in garret or closet on the chance that at some remote period it might be found useful. In nine cases out of ten the chance never comes, and after accumulating a vast amount of dust and old age it is finally consigned to the rubbish-heap.

I have been in garrets packed full of furniture and clothing that cause a world of trouble and anxiety in the spring house-cleaning, for fear of the "moth and rust that doth corrupt," with never a thought of the comfort and help they would bring to the homes of the less fortunate ones of the earth.

Not only in garrets and closets do useless articles collect, but one

often enters a family sitting-room that makes the heart sad when thinking of the poor, tired woman who has to care for it day by day, dusting and arranging the dozens of trifles accumulated.

When the day is planned and the household machinery is running smoothly the "home-maker" frequently sits down for a morning of sewing or mending, and again we touch the question of ventilation. I think we may take it for granted that fresh air in the sleeping-room has become widely popular, but what about fresh air in the room where we work? When there is a room set apart for sewing, it is usually shut up when not in use, and few women think of airing it before sitting down to their work. Even should the workroom have the window opened for half an hour in the morning, the fresh air is soon used up, and after bending over her work for a couple of hours the housewife rises oftentimes with a nervous headache that remains in her company the rest of the day.

It is easy to become absorbed in one's work and to take no thought of time; besides, when doing a difficult piece of sewing one does not like to be disturbed; but a moment will throw open the window, and half a dozen deep breaths of outside air and a peep at heaven's vault of blue will send one back to the sewing with such a light heart and clear head that difficulties will melt away like snow before the sun.

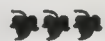
Another part of housekeeping that might be simplified to great advantage has to do with the daily question, "What shall we eat?"

Of all household problems this one causes most anxiety to the faithful housewife. It is simple enough to fall into a routine and order the same dishes time and time again because it saves trouble; on the other hand, in a "maid-of-all-work household" it never pays to go in for experiments or new ventures, or the outcome will be that the mistress spends the hours in the kitchen which rightfully belong to rest and recreation. Even the most simple made-up dishes take time and a certain amount of nervous energy to concoct, and yet variety is the necessary spice to maintain a good appetite. One tired housekeeper expressed a wish that some new animal might be created to vary the monotony of beef and mutton. Perhaps one solution of the riddle is found in not ordering too large a supply at one time; in the end it is but poor economy, as most families rebel against warmed-over scraps,—apart from the knowledge that they lose their nutritious qualities when cooked for the second time,—and the housewife feels loth to buy fresh material with the remains of two or three days' dinners still in the refrigerator. It takes more thought to plan out the housekeeping on the scale of simplicity with an equal balance of good living and economy, but who will doubt that it is among the "worth whiles" of life?

(To be continued.)

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



"THE STORY OF A GRAIN OF WHEAT." Appleton & Co., New York.

This little book, by William C. Edgar, editor of the *Northwestern Miller*, contains in its one hundred and ninety-odd pages many suggestions for the thoughtful reader—suggestions along lines that the modest title of the book never hints at, many and widely interesting, grave and trenchant sometimes, but full of quiet reminiscent humor at others. A glance at the illustrations of the book will perhaps convey the best idea of how big and large, and old and new, and world-wide this story of a grain of wheat is. The frontispiece is the "Old Mill, Winchester, England;" following it "A Field of Wheat" (of five thousand acres); "Wheat-Market, Assouan, Egypt;" "A Buda-Pesth Elevator;" "Russian Peasant Ploughing;" "Interior of an Argentine Mill;" "American Elevator Town;" "Quern, Isle of Man;" "Feudal Mill, Bagatz, France;" "Pompeian Mill," and "Dutch Windmills." These are some of the illustrations, but only a few of them—enough, however, to give a hint of the varied interest of the book.

The first chapter is a quaint and delicate little homily wherein the author disclaims all pretension to a greatly special scientific knowledge of his subject, and asks but to "touch upon the past and present achievement in wheat culture." This chapter is a history in little of the civilization of the world, beginning with the primitive man, who, neither sowing nor harvesting, seized and ravenously devoured the unmodified wheat berry; going on to the "black-bread times," where appear classes,—lord and peasant and a soldiery,—on through blights and famines, taxes and riots, "when nature and man conspired against the wheat," through the prosperous days when England's agriculture was the example of the world; past that, when, England grown too small for the story, there begins across the ocean "the march of the pioneer from east to west," and on to the climax of the "white-bread era." I cannot help giving the closing lines of this chapter entire; they are a prophecy and gospel in one: "Thus the tale of wheat is ever the story of man's achievement with God's help, each chapter marking an upward step in human progress, an advance in knowledge, science, and civilization; finally triumphing in a brotherhood of man, wherein the East may be hungry, but the West will not let her starve. Interdependent, the nations shall feed each other, and wheat will continue its beautiful mission of peace and good-will, and there will be no more hunger in all the world."

The second chapter most interestingly takes up the disease and sickness which attacks wheat and methods of preventing or coping with these; and we are in this connection bidden to observe that "the wheat family, as behooves so ancient and conservative a house, repels the attacks of sickness by active and positive old-school medicines, and that the principles of Christian Science have not been applied to any extent in the elimination of wheat diseases." Perhaps it is by way of mentioning that the exception proves the rule that we are told

immediately after the foregoing of the miraculous answer to prayer for the stay of the grasshopper plague in Minnesota in 1877.

Great as is the temptation to linger in the early part of the book, we must not fail to spend a word or two on the later chapters, especially Chapter X., which treats of the milling of wheat. It is the most fascinating chapter in this wholly fascinating book. An interesting note for ourselves is, that the earliest mill operators were women—we appear to have monopolized the industry for some four thousand years; then we find slaves of a baser sort and criminals put to the grinding. Later, in the early Christian era, we seem to be doing the family grinding by means of the quern. Mr. Edgar quotes in this connection Wyckliffe's translation of our Lord's prophecy, "Tweine wymmen schulen ben gryndynge in o quern, oon schal be taken and the tother lefte."

There are some pages on the feudal struggle in the history of milling, when king, priest, and squire insisted, by right of might, on the monopoly of the milling industry; but the chapter is far too short; it hardly more than hints at what the author knows of "Soke" or "Soc," as this feudal monopoly was called. That is the fault of the book. Mr. Edgar is in love with his subject, knows it by heart, finds beauties in it that the more indifferent observer would pass by without dreaming that they existed; he could go on, we feel sure, giving us volumes for chapters of the most thrilling history, the most heart-breaking tragedy, as the St. Croix story attests, for one instance; but he is dogged on by a sense of duty, or so it would seem, to give us dates, statistics, awful totals of dollars and bushels. But many readers may find in these, to us vast and vague data, the interest of the book. "This story of a grain of wheat tells the story of man's long-continued struggle for plenty; the response of nature to her children asking for food; the emergence of mankind from savagery, when, regardless of anything save the pangs of hunger, the first miller plucked the berry from the stalk and, using his teeth for millstones, ground grist for a customer who would not be denied—his stomach."

THE SERVANT PROBLEM. Miss Jane Addams in *Good Housekeeping*.

In an article entitled "The Servant Problem," which appeared in the September number of *Good Housekeeping*, Miss Jane Addams lays serious charges against the housekeepers of America. "Why," she asks, "with the increasing number of American housekeepers who are college graduates, and with advantages undreamed of by their grandmothers,—courses in science, economics, and so forth,—is there so little apparent improvement in the administration of the household?" Miss Addams herself answers the question and suggests the means by which to correct the unharmoniousness which makes housework the bugbear of the present time.

American housekeepers, or, as they love to consider themselves, homekeepers, are too conservative in keeping to old traditions and in refusing to take up and apply the inventions of science meant to do for them those things they really want done; they are too timid about trying new things; they are selfish in requiring their families to battle along with a poor and hampering administration because they lack the courage to throw off the outgrown domestic machinery and venture forth as pioneers of better things. Miss Addams warns us that the world will not stand still for our bidding, and that the needed changes are bound to come in spite of all opposition, and she suggests the necessity of our recognizing and coöperating with the advancing change in conditions. She advises

a movement towards collective housekeeping—a certain number of residents in one locality agree as to menus, and by liberal patronage of foods cooked outside the home make the work of serving the family with good, wholesome, and varied diet the simplest matter in the world. She gives an instance of where this plan was actually tried in a Western town, and, despite the fact of its working with, apparently, the best of success, abandoned by the housekeeping experimenters.

What she says to housekeepers Miss Addams might easily apply to us all—I mean women in general and particularly nurses. Her little paper is one we all need to read heedfully and to make copious notes from.

HOW TO MAKE MONEY. A reprint from *Everybody's Magazine*.

This little book with such an alluring title is edited by Katherine Birdsall. Probably ninety-nine out of every hundred people who pick it up will drop it in disappointment, but to the hundredth it may be the inspiration needed to save in a desperate situation. It contains eighty suggestions for women who, having no training for any kind of remunerative employment, find it necessary to make an effort to turn their hands to some useful and advantageous work. It is in no way intended for the "business woman,"—as the preface warns the reader,—its aim is to help the unclassified or unskilled woman to the quickest and most practical way of utilizing whatever talent she may possess. The editor's "foreword" is a very stimulating and timely word for us all, and the book itself is like a good cook-book, a handy little volume to keep on one's bookshelf for reference in an emergency.



FARRAND Training-School for Nurses publishes the following list of books of reference in the nurses' library:

- Anatomy*.—Gray, Walker, Nancrede, Morris.
- Physiology*.—Foster, Hutchinson, Smith, Dalton.
- Hygiene*.—Parkes, Mitchell, Blaikie, Wilson, Keen, Edwards.
- Materia Medica*.—Potter, United States Dispensatory, Groff.
- Bacteriology*.—Vaughan-Novy, Prudden.
- Practice of Medicine*.—Osler, Hughes, Loomis, Da Costa, Shurly, Flint.
- Surgery*.—Morris, McMurtry, Bryant, American Text-Book of Surgery, Erichsen, Gross, Whiting, Wharton.
- Gynæcology*.—Reed, Skene, Emmett, Savage.
- Obstetrics*.—Jewett, Davis, Lusk, Manton, Parvin.
- Children*.—Emmet Holt, Starr, Oppenheim, Griffith, Keating, Douglass, Routh, Jacobi.
- Nervous Diseases*.—Burr, Chapin, Mills.
- Massage*.—Ostrom, Grafstrom, Post, Palmer.
- Nursing*.—Nightingale, Weeks, Stoney, Fullerton, Voswinkle, Wilson.
- Dietetics*.—Boland, Pavy, Bruen.
- Dictionaries*.—Gould, Dunlison, Webster, Quain.
- Miscellaneous*.—Bandaging, Leonard; First Aid to the Injured; Examination of Urine, Hoffman; Tyson.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



TASTE IN RELATION TO BODILY NEEDS.—The *New York and Philadelphia Medical Journal* gives an interesting synopsis of an article in the *Roussky Vrach* on an important point in feeding: "Borrisoff says that every animal, including man, eats that food which it needs for the carrying on of its functions, and that instinct causes it to like that food best, because it produces a more pleasant sensation upon the nerves of taste; for example, the well-known propensity of herbivora to eat salt, to which carnivora are indifferent. In eating plants herbivora ingest freely potassium salts, which cause an increased elimination of sodium chloride. Every ranchman knows that the addition of common salt to the fodder of cattle produces an improvement in the well-being of the animals. In man, also, nations that feed largely on animal food use much less salt than vegetarian tribes. The change in the taste for certain foods in women during pregnancy, and in girls during the development of puberty, are examples of alterations in tastes according to the needs of the body. In children there often occur desires for various indigestible substances, such as chalk, charcoal, etc. In these cases the growing body craves certain salts, *e. g.*, calcium, certain alkalies, such as those in unwashed coal, rich in lyes. The tendency of children to crave sweet and starchy foods is well known, and the author thinks that it also is due to the same law. Children play and move about a good deal, and so need carbohydrates for the supply of energy. Their heat radiation is also greater than in adults, as the body surfaces is comparatively greater. This also calls for carbohydrates. It is not right, therefore, to force children to eat more meat, as many physicians and parents do. The author has experimented on fowls to show the working of this law of taste. He fed both hens and cocks on grain, water, and lime, each in separate receptacles, and daily weighed the lime left over, so as to determine the amount taken under different conditions. The cocks did not eat lime, while the hens did; the hens also kept up a certain average ingestion of lime, *i. e.*, when they had not eaten enough one day they made up on the other days. This shows that the hens needed lime to produce egg-shells, and that they lost the desire for it from time to time, when they had had enough, but recovered this desire as soon as the stock of lime became low."

RADIUM IN MEDICINE.—The *Medical Record*, reporting a paper read at a meeting of the New York State Medical Association, says: "Dr. Samuel G. Tracy, of New York, presented this paper. He pointed out that pure radium salts evolved enough heat to melt more than their weight in ice every hour, and yet at the end of months the radium was as potent as before, and one could observe no change in its weight or by chemical, microscopical, or spectroscopic examination. This substance had thrown the first doubt upon the law of the conservation of energy. If a small glass tube containing radium were kept in the vest-pocket for several hours it would cause a severe burn, but the full

physiological effect would not be noted for a week or ten days. Seeds exposed to radium for several hours lost their germinating power. As yet comparatively few physicians had reported upon the use of this wonderful substance in deeply seated cancer, yet there was reason to believe that it might prove very useful in such cases as well as in lupus, rodent ulcer, and superficial cancer. Radium was known to possess bactericidal power, and it had been inferred from this and its other properties that it should prove beneficial in pulmonary tuberculosis. Specimens of radium were exhibited, and the attention of those present called to the fact that pure radium did not fluoresce, but that fluorescence was observed when radium was more or less adulterated."

HEADACHE AS A SYMPTOM.—The *New York and Philadelphia Medical Journal* has an editorial on Dr. Ellis's paper on this subject. Dr. Ellis believes that sixty per cent. of all headaches are due in a greater or less degree to some fault in the eyes. Those arising from this cause are oftener dull and heavy than very sharp. When they are not due to a diseased condition they are most commonly found in persons who make considerable use of the muscles of accommodation and convergence. When a person complains of headache after riding in a car, going to church or the theatre, or after shopping, it is reasonable to suspect the eyes. When headache occurs as the result of an ocular defect, it almost always comes on within a few hours after the eyes have been taxed, but sometimes it holds off until the next day, especially when the eyes have been used to a considerable extent at night. In patients subject to attacks of sick headache it is always wise to look for eye defects. They occur in about sixty per cent. of such cases, and their correction leads to amelioration and frequently to cure. Headache is common as a result of nervous exhaustion from almost any cause, and particularly from prolonged mental effort or worry. When it is caused by anæmia it is generally frontal. In congestive headache the pain is of a throbbing character. Toxic headaches are frontal and deep-seated. Syphilitic headache is neuralgic and limited to the temples. Stomachic and hepatic headaches are usually occipital or vertical, but they may be frontal or general. Ocular headache must not be confounded with neurasthenic headache, which is probably toxic and continues after every source of peripheral irritation has been removed.

TREATMENT OF APPARENT DEATH OF THE NEWLY-BORN.—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "Zangemeister remarks that the attempts to apply the inhalation of oxygen as a therapeutic measure have not been very satisfactory as a general thing, but there is one condition in which it is proving extremely valuable. This is in severe asphyxia neonatorum. The almost invariable success and the rapidity of its action, with no inconveniences, render it a most valuable aid in this emergency. He uses a thin-walled rubber bulb filled from a small portable tank of compressed oxygen. The oxygen is forced through a tracheal catheter into the infant's lungs by gentle, regular pressure on the bulb. When the lungs have become distended he applies gentle external pressure to the thorax. The air escapes along the outside of the catheter, which must be of small diameter to allow this. The lungs are then inflated again by gentle pressure on the bulb and emptied as before, and these procedures are repeated continuously as long as required. The prompt reddening of the skin shows the favorable action of the oxygen. It can be applied while the infant is in a warm bath. The narcosis

from carbon dioxide is dispelled in this way more rapidly than by any other means, and the stimuli applied becomes more promptly effectual."

ERGOT IN ALCOHOLISM AND MORPHINISM.—In a paper given at the meeting of the New York State Medical Association Dr. Alfred J. Livingston said that the sleeplessness, pain, and restlessness following the attempt to break off the drug habit would be more surely relieved by ergot than by the narcotic drugs. The first step was wholly to discontinue the use of the narcotic. He then gave ergot hypodermically and administered a laxative, fluid extract of rhamnus fragula, one or two drams at bedtime and sometimes more frequently to keep the bowels open. In general he gave two or three doses of ergot, nearly a dram each of his solution, each day. It could be given by mouth, but he found the hypodermic method better. He believed the nervous disturbance depended upon the disturbance of the vascular system, and ergot restored the equilibrium of the circulation.

Dr. Alexander Lambert had had a wide experience at Bellevue Hospital in the treatment of confirmed alcoholism. For years during each service of six weeks he had had twenty-five or thirty deaths. Since using ergot after Dr. Livingston's method he had had only six or seven deaths in the same time.

Dr. Frederick H. Wiggin had found ergot useful in these cases, but gave fifty or sixty minims at a dose.

SUFFOCATION BY FECAL VOMIT.—Dr. Andrews in an article in the *Annals of Surgery* says this accident happens during operations for intestinal obstruction and septic peritonitis. His conclusions are as follows:

"1. Flooding of the air-passages by fecal vomit is a real danger, and probably has caused many unexplained deaths. 2. Resuscitation is impossible or very difficult. 3. The fluid may flow by gravity through the relaxed stomach sphincters directly out of the intestine, where it has accumulated in enormous quantities. 4. The accident occurs with great suddenness and with a stomach supposedly empty. The suffocation may be so complete that no outcry is made and may not be noticed by the attendant. 5. It may occur as late as an hour after anæsthesia, or at any time until consciousness is restored. 6. We have no evidence that it can occur during consciousness even in extremis. 7. After septic laparotomy, patients, when returned to bed, should be watched, without even momentary intervals, to full consciousness. 8. A suggestion made to me by Dr. McArthur that as many as possible of such cases be operated under cocaine anæsthesia seems to me sound in the light of the above report."

CYSTITIS AFTER OPERATIONS.—A writer in a German medical journal recommends the use of glycerine as a preventive of the cystitis following an operation, which he considers a bacterial inflammation of the bladder. He avoids the use of the catheter as long as possible. When necessary a soft catheter is inserted, and as soon as the urine begins to flow he applies a syringe and slowly injects twenty cubic centimetres of a two per cent. glycerine solution of boric acid. Usually in from five to ten minutes the patient passes urine spontaneously and there is no ill effect afterwards. It is seldom necessary to repeat the injection. When continued catheterization is unavoidable the bladder is washed out each time with five hundred cubic centimetres of a three per cent. solution of boric acid. This had warded off cystitis in nearly every one of his cases.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE Pasadena (Cal.) Board of Health and local newspaper representatives have been invited by D. W. Linnard, of the Hotel Maryland, to dine and afterwards discuss the matter of establishing a detention hospital in Pasadena for the care of those suffering from contagious diseases. Pasadena has already provided for its invalids of other than contagious diseases, and has a pest-house in the Arroyo Seco for the care of smallpox cases, but the child in the hotels afflicted with a mild form of scarlatina has not a place to lay its head.

ARTICLES of incorporation have been granted to a company which will construct one of the largest and most thoroughly equipped hospitals in Chicago. It will be called the Chicago Homœopathic Hospital, and will replace the present small structure of the same name at the southeast corner of Wood and York Streets.

AT a meeting of the managers of the Reading (Pa.) Hospital Captain P. R. Stetson, chairman of the Administration Committee, reported that the title of "chief nurse" had been changed to "superintendent," and that Miss Ethel D'A. Clay, the present incumbent, had been unanimously named for that position.

GOVERNOR ODELL returned to Albany, N. Y., on Wednesday night from Washington County, where he had been inspecting sites for the State Insane Hospital. Thursday morning he left for Orange and Rockland Counties with the commission to decide upon a site for the hospital for crippled children.

MISS JANE A. WRIGHT, for four years superintendent of the Lying-In Hospital, Providence, R. I., who resigned about a year ago on account of ill-health, has sufficiently recovered to take up private work in New York. Miss Wright is a graduate of the New York Hospital Training-School.

MISS MARGARET G. FAY, of the Hospital of the University of Pennsylvania, Class of 1898, and who has been for the past two years superintendent of nurses at the John Sealy Hospital, Galveston, Tex., has recently been appointed superintendent of that hospital.

THE Jewish Hospital at Tabor Station, Philadelphia, has been enlarged by the gift of three new buildings, named respectively, for the donors, the Guggenheim Hospital for Private Patients, the Eisner Home for Nurses, and the Loeb Operating Building.

THE trustees of Columbia (N. Y.) University are considering the advisability of acquiring or building a hospital to be under the control of the Medical department, where bedside instruction can be given to students.

DRS. D. M. AND B. F. BYE have purchased property at Eleventh and Capitol Avenue, Indianapolis, Ind., where they contemplate establishing one of the most complete hospitals in the world for the treatment of cancer.

NEW quarters for the Mount Sinai Hospital at 17 Stantiford Street, Boston, Mass., have been secured. The out-patient department, situated for over a year on Chambers Street, has been removed to the new building.

MISS B. L. DICKSON has accepted the position of superintendent of the McCosh Infirmary at Princeton, N. J., and Miss A. C. Thompson is matron. They are both of the New York Hospital Training-School.

THE trustees of the Addison Gilbert Hospital of Gloucester, Mass., have accepted, with reservations, the sum of five thousand three hundred dollars, the gift of the summer residents of Magnolia.

THE town of Cando, N. Dakota, is considering the advisability of establishing a small hospital that can be added to in order to keep pace with the progress of that growing little city.

THE Executive Committee of the Brockton (Mass.) Hospital have under consideration plans for an addition to the property that will increase its humane utility greatly.

MISS BELLE GREGORY, of the Toronto General Hospital, has been appointed superintendent of St. Luke's Hospital, St. Louis, Mo., to succeed Miss Ida Lyndon Foster, resigned.

THE Public Hospital, St. John, N. B., is being enlarged by additions to the main building, the two wings, and the Nurses' Home.

EXERCISES on the laying of the corner-stone of the New England Deaconess Hospital in Longwood, Mass., were held November 5.

CONEY ISLAND wants the Emergency Hospital, which is closed after the season is over, made a permanent institution.

THE Mercy Hospital of Kansas City, Mo., will open a ward for crippled and deformed children.

A NEW Homœopathic State Hospital for the Insane will be built near Rittersville, Pa.

NORTH ADAMS, Mass., wants a hospital for contagious diseases.

EAST BOSTON, Mass., wants an Emergency Hospital.

SOME OF THE WAYS HOSPITALS ARE BEING AIDED

THE Juvenile Mercy Hospital Club has a novel plan for building and maintaining a hospital home for sick, lame, and unfortunate children of the State. Their plan is for every child to send ten cents for a brick to help build this children's hospital. All those doing so will be enrolled as members of the Juvenile Club, and also have their name placed upon a brick to go into the walls of the Children's Hospital. Many letters have been written to children in other parts of the State, which are being rapidly answered. To become a member of this club, address Mildred S. Hall, president of Juvenile Mercy Hospital Club, Mercy Hospital, 1522 South High Street, Columbus, O. The Juvenile Club presented, among other things, "Mrs. Wiggs of the Cabbage Patch" at the benefit given for the hospital at the Board of Trade auditorium on Tuesday evening, October 13.

THE thirteenth annual Hospital Day celebration held on October 17 at St. Luke's Hospital, South Bethlehem, Pa., was marked by the formal presentation to the institution of the new Sayre Pavilion and the graduation of eight

young women from the training-school. The names of the graduates are: Catherine Kay Hume Barnes, Allentown, Pa.; Mary Winifred Beckwith, Ithaca, N. Y.; Harriet McDowell Bynum, Germantown, N. C.; Lena Church, Montreal, Canada; Adda Berger Geiser, Bath, Pa.; Inez Catherine Harwig, Phillipsburg, N. J.; Henrietta Yoder McCormick, Elimsport, Pa.; Daisy Isobel Pirie, Brooklyn, N. Y.

THE University of Pennsylvania has planned to make the first extensive experiments in this country with the Finsen light. At the last session of the Pennsylvania Legislature twenty-five thousand dollars was appropriated for the equipment of a laboratory for X-ray research and for Finsen light apparatus. The new department is to be connected with the university hospital.

THE only person authorized to solicit contributions for the Boston Floating Hospital is J. R. Anderson. Don't let anybody else "work" you for souvenir book or any other contribution. Fraud is being attempted, and for the sake of the hospital, at any rate, it is everybody's business to help head it off.

MISSES ALICE AND MARY MOSSOP, two prominent women of Clearfield, Pa., have presented to the hospital directors there a tract of four acres and twenty-thousand dollars in cash to be used in the erection of a model hospital as a memorial to Frederick Mossop, a dead brother.

ABRAHAM SLIMMER, a wealthy man of Waverly, Ia., has given his house there to the Sisters of Charity for a hospital, and will hereafter live in a two-room woodshed, cooking his own meals. In a few years Mr. Slimmer has given hundreds of thousands of dollars to charity.

THE trustees of the Margaret Pillsbury Hospital, Concord, N. H., have been notified of a donation of three thousand five hundred and fifty-two dollars from the John H. Pearson trust fund for the establishment of a Memorial Maternity Ward in that institution.

THE Children's Hospital Society is an outgrowth of the work of the Chicago Woman's Club, and from the Hospital Society there was evolved the Milk Commission. The passage of the child labor law and other measures for the public good may also be cited.

BY the will of the late Dr. George Haven the Boston Lying-in Hospital receives his books and instruments and twenty thousand dollars. Besides this the hospital is made equal residuary legatee with the Harvard Medical School.

THE Davis Memorial Hospital at Elkins, W. Va., was built by ex-Senator Davis in memory of his son, who was drowned off the coast of Africa while touring the world. The building was erected at a cost of eighty thousand dollars.

THROUGH the generosity of Mrs. Plant, widow of the late Henry D. Plant, St. Luke's Hospital, New York, is to have another elaborate pavilion, making six of the ten which the original plan calls for.

A CONCERT and bazaar was given at the Devon Inn, Devon, Pa., part of the proceeds of which went to the Hospital of the Good Shepherd at Rosemont.

A PROMINENT woman in Utica has given two hundred and fifty thousand dollars to erect a new building for St. Luke's Hospital.

BY the will of the late Elias A. Perkins the Quincy City Hospital, Quincy, Mass., receives one thousand dollars.

TRAINING-SCHOOL NOTES

ON October 31, in the theatre of the Toronto General Hospital, the commencement exercises of the autumn graduating class of nurses in connection with that institution were held, a large number of friends of the class being present. The proceedings were opened with an address by John L. Blaikie, president of the Board of Trustees of the hospital, after which Miss Snively, lady superintendent of the Training-School, read a report showing that institution to be in a flourishing condition. Mrs. Mortimer Clark presented the badges, and Dr. O'Reilly handed the diplomas to the following young ladies who completed their course: Misses Sara C. Smith, Port Rowan; Minnie Kavanagh, Hamilton; Tena MacGregor, Maud Alice Rickey, Stayner; Nellie Maude Campbell, Blenheim; Catherine Menzies, Toronto; Clara Sevilla Lunay, Newmarket; Verna Evelyn Scarlett, Toronto; Minnie Pauline Ayling, Chicago; Bertha Anne Toye, Scarboro; Effie Crysler, Niagara-on-the-Lake; Elizabeth D. Gracey, Gananoque; Helen King, Woodstock; Edith Hisband, Sault Ste. Marie; Clara A. Brown, Binbrook; Martha J. Lundy, Sharon; Marguerite I. Wood, Millbrook. Speeches were also delivered by Dr. Allan Baines and Mayor Urquhart. Miss Sara C. Smith, of Port Rowan, and Miss M. E. Allan led the class with seventy-seven per cent., Miss E. Thorpe, of Sharon, being second with seventy-six per cent. After the exercises in the theatre were over an adjournment was made to the Nurses' Residence, where light refreshments were served and a dance indulged in. Miss Snively, the superintendent of the Training-School, presented a very acceptable report on the year's work. Of six hundred and twenty-seven applicants for admission thirty-seven were received on probation and twenty-two as pupils. At present the nursing staff at the hospital consists of seven probationers, seventy-two nurses, and five graduate nurses. During the year one hundred and fifty-five special nurses were employed, which, the superintendent points out, indicates the thought of the age regarding the trained nurse and the part she now plays as a coworker with the physician and surgeon.

The certificate of qualification now granted by the school is now held by three hundred and seventy-five nurses. During the past year twenty of these have accepted positions, as follows: As head nurses: Isabel Moodie and Mary Graham, Maritan Hospital, Dawson City; Mareb Allen, Ross Memorial, Lindsay; Elizabeth McKenzie, Sanitarium, Dwight, Ill.; Jessie Watson, Stillman Infirmary, Harvard University, Cambridge, Mass.; and Catherine Smith and Kate McTavish, Protestant Hospital at Atlin, B. C.; as assistant superintendents; A. Lander Sutherland, Lakeside Hospital, Cleveland, and Hettie McGill, General Hospital, Madini, Mexico; as hospital superintendents, Augusta Blakeley, Yorkton, N. W. T.; Rachel Hanna, Red Deer, N. W. T.; Christina Mounsey, Swan River, N. W. T.; Albertine Macfarlane, Medicine Hat, N. W. T.; L. Maud Davis, Renfrew; Nellie Miller, Brockville; Rahno Aitkins, Western Hospital, Montreal; as superintendents of nurses: Mabel Stock, Presbyterian Hospital, Allegheny, Pa.; Ruth Pirt, Military Hospital, Milwaukee; Belle Gregory, St. Luke's, St. Louis.

In addition there were twenty-two applications for positions of varying importance for which no recommendations were made. Miss Coleman, a graduate of some years ago, who has been superintendent of the Sagman Hospital, is now taking a post-graduate course in connection with the Department of Hospital Economics, established at Columbia College, New York. Two missionary nurses, home on furlough, have returned to China during the year, one has lately come

home from India for a rest, and one, Miss Theresa Millar, of the Class of 1884, died last spring from fever in China.

The record is altogether one that reflects great credit on Miss Snively and the Toronto General Hospital.

A WEALTHY woman in Utica has undertaken the support of a nurse to do district work among the poor by contributing six hundred dollars per year for this purpose to the Faxon Hospital, the work to be done by an undergraduate under the direction of Miss Cadmus. District nursing upon these lines has been done by the Homœopathic and City Hospitals in Rochester for many years, and is considered valuable experience for the pupils during the latter part of their term. The results in Utica are very satisfactory. Hope and happiness has been brought into many homes. One case reported is that of a patient who had been confined to her house with rheumatism for eleven years, and after five-weeks' treatment and care with massage and electricity is now able to walk several blocks. Much more of this kind of work might be done through our training-schools, especially in the smaller cities, where it is not possible or advisable to organize a District Nursing Association.

MISS IDA M. TRACY, assistant superintendent of the University of Michigan Training-School for Nurses, and who has been connected with it in various capacities since graduating in 1899, has been appointed superintendent. Miss Tracy is also a graduate of the General Memorial Hospital, New York City. Other appointments were: Miss Mary C. Haarer, assistant; Miss Fleda G. Dowell, night supervisor, and Miss Charlotte Easton, operating-room nurse.

MISS ELIZABETH M. REID has accepted the position of superintendent of nurses at the Lowell General Hospital, Lowell, Mass., and entered upon her duties November 2. Miss Reid is a graduate of the Massachusetts General, Class of 1891, and brings to her work a broad experience both in private and institutional work.

MISS MARJORIE M. TAYLOR, of the Hospital of the University of Pennsylvania, Class of 1900, who has for the past year been superintendent of the Training-School of the Women's Hospital, Denver, Col., has been appointed to succeed Miss Fay as superintendent of nurses at the John Sealy Hospital, Galveston, Tex.

MISS MARY E. COOMBS, superintendent and matron of the Margaret Pillsbury Hospital, Concord, N. H., has tendered her resignation to the Board of Directors. Miss Mary Ard McKenzie, a graduate of the Massachusetts General Hospital Training-School, will succeed her.

THE superintendents of Boston and vicinity, twenty-six in number, lunched at the Hotel Thorndike on November 12. The subjects discussed were, "How to Obtain Better Material for Making Nurses," "Improved Methods of Teaching," "Discipline," and "Health Standards."

THE Memphis City Hospital held graduating exercises on the evening of November 13, when the following young ladies received diplomas: Miss Jessie Mae Kersh, Miss Alice Swan, Miss Mary Lillian Mills, Miss Pauline Margaret Rhodes, Miss Susie Carrie Piper.

THE first diploma ever given a trained nurse in Turkey has been granted this year to a young Armenian woman who, after graduating at the mission school in Marsovan, Asia Minor, took a five-years' training in hospital and practice in the same city.

FOR the new hospital at Herkimer, N. Y., Mrs. Harriet Bunnell, a graduate of Farrand Training-School, Harper Hospital, has been secured as superintendent. Miss Clara Hurd, a graduate of Syracuse Hospital, will be her assistant.

MRS. M. L. ROGERS, of the New York Hospital Training-School, formerly matron of the Bridgeport Hospital, is now assistant directress of nurses at the Long Island College Hospital, Brooklyn.

MISS ELLEN SMITH, a graduate of the Boston City Hospital, will succeed Miss Ayers as superintendent of nurses at the Central Maine General Hospital, Lewiston, Me.

THE General Hospital, Utica, N. Y., is making arrangements for starting a Training-School for Nurses.

THE Burnham Hospital, in Champaign, Ill., is soon to establish a Training-School for Nurses.

PERSONAL

MISS ADELE M. SWAIN, who had had charge of the nursery ward of the Erie County Hospital, Buffalo, for a number of years, and who left in June to take a position in the National Soldiers' Home at Norfolk, Va., returned to Buffalo recently and is now the night superintendent at the Erie County Hospital.

MISS LILY J. PATTE, a graduate of S. R. Smith Infirmary, Staten Island, N. Y., Class of 1901, has been appointed superintendent of the Barlow Sanatorium, a charitable organization for incipient tuberculosis, adjoining Elysian Park, Los Angeles, Cal., opened September 7, 1903.

MISS JANE SPOFFARD JACKSON, who claims Maine as her birthplace and who is a graduate of the Episcopal Hospital Training-School in Philadelphia, has joined Bishop Brent's staff of nurses in the Philippines.

MISS GERTRUDE MONTFORT has resigned her position as superintendent of the Nyack Hospital, N. Y. Miss Montfort is a Bellevue graduate, and has been connected with the Nyack Hospital for the past four years.

MISS J. A. GERNAUD, a graduate of the Garfield Memorial Hospital, Washington, D. C., Class of 1900, has accepted the position of superintendent of the King's Daughters' Hospital, Staunton, Va.

MISS MARGARET CAMPBELL has resigned the position of "supervising night nurse" at the Roosevelt Hospital and taken up office work with Dr. H. C. Geyer at Cold-Spring-on-Hudson, N. Y.

THE Misses H. G. Matthews and S. S. Higenbotham, of the New York Hospital Training-School, are very successfully engaged in private nursing in Paris.

MISS MAUD TRUXTON HENDERSON, of Lexington, Va., and a graduate of the Boston City Hospital, has entered the missionary field in China.

MISS JOSEPHINE HILL has been appointed superintendent of the New York Hospital Graduate Nurses' Club, 52-54 East Forty-ninth Street.

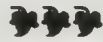
MISS E. F. JACKES is in the South of France for the winter.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



THE ANNUAL COUNCIL OF THE GUILD OF ST. BARNABAS

It was with fresh courage and renewed enthusiasm that the delegates of the Guild of St. Barnabas turned their steps away from Hartford, where the Seventeenth Annual Council was held, November 13 and 14. The delegates were warmly welcomed and hospitably entertained, and every means provided for their comfort and enjoyment.

Trinity Church opened its doors the first evening, and Bishop Brewster preached an inspiring sermon on the power of *enthusiasm* in the nurse's work, as in all the great undertakings of life. But he urged on those to whom this gift should be denied the importance of a steady faithfulness to duty, an enduring patience in the face of difficulty, with a certain hope of the peace which comes through the accomplishment of a great work. The service in the church was followed by a pleasant reception in the Parish-House.

On the 15th, after the Communion Service, there was a conference of the chaplain general with the chaplains, and of the general secretary with the secretaries of the branches. In the latter meeting it was decided that each secretary should be directly responsible for her correspondent to THE AMERICAN JOURNAL OF NURSING; that the editor should appoint definite times at which she wished to hear from each branch, and that the secretary must see that a report of her branch reached the editor at the time appointed.

Then followed the general business meeting. After the reading of reports the time was spent in revising the constitution, copies of which will shortly be printed and distributed, and if approved by the guild it will go into effect next year. The remainder of time was devoted to a discussion on the united benevolent work. A committee of five was appointed to investigate the subject of a fund for aged or disabled nurses—what already exists in that line, and the feasibility of starting a guild fund—and it was then voted that the Guild of St. Barnabas should unite in sending a nurse to the mission field; that each branch should be at liberty to join in the work or not, to a large or small extent, and that the offerings on St. Barnabas Day should be devoted to this cause. It is to be hoped that every branch in the guild will respond to this call to service, that every member of every branch will rise to the opportunity and privilege which has been offered, so that the guild may remain true to its central purpose of high endeavors and wide sympathies in the midst of the suffering of the world. For it is as true of the life of an organization as it is of the life of the individual, that progress and power and beauty come only through the channels of love and service and ministrations to others, and that those whose faith will not lead to a large venture must be content with small results. If the Guild of St. Barnabas is to be a living influence, it must reach out in the service of the

world and grow in usefulness and breadth of purpose. There is not a nurse in the society who will not be grateful for the privilege of sharing in the support of one from their midst in order that she may go where the need is greatest, and carry the light of science and systematic training to the sick and ignorant of the world. So if this undertaking should seem to some a burden placed on unwilling shoulders, remember that each one is at liberty to join or not, as she feels inclined, only let every member of the guild do what she conceives to be right, let each one give as she is able, and God's blessing will be on the gift in the far-off land and on the givers at home.

Among the social features of the visit were excursions to all places of interest in the city, a drive in the country, a pleasant resting-place at the Nurses' Club, and every means of enjoyment which courtesy and kindness could provide.

The day of the council ended with a most delightful reception at Mrs. James Y. Goodwin's, where papers were read by eminent physicians of Hartford.

It is hoped that next year the council will meet in Boston, and that the so-called inhospitable city will redeem its reputation by the warm welcome which it will extend to its guests.

M. S.

BOSTON BRANCH.—The meeting of the Boston Branch, held on the evening of Wednesday, October 28, at St. Andrew's Church on Chambers Street, was a most interesting one and largely attended. An opinion from the members as to the various subjects to be discussed at the guild was requested, and they were asked to say what they thought on the two objects for united work in the guild. Should the nurses turn their attention to some pension fund or something of that sort for their own benefit, or should they support a nurse in the mission field. It was difficult to obtain much information on this subject from the nurses themselves, although several associates spoke, and it seemed to be the general view of the meeting that one object need not necessarily militate against the other, as only five hundred dollars is needed to support a missionary nurse for a year. At last a motion was made and carried that the Boston Branch was in favor of the missionary project. It would be such a comfort if the nurses would only speak out a little more at such times. They are by no means dumb ordinarily, but impenetrable silence seems their choice when asked for an opinion at a guild meeting. At the religious service in the church we were addressed by the Rev. Daniel L. Addison, of Brookline, who spoke most interestingly on the sacrament of service, which he said was only second to the Blessed Sacrament, which he called the sacrament of nourishment. Having received this heavenly food we were filled with a desire to serve our fellow-creatures. Our social meeting afterwards was most enjoyable, and we were glad to welcome several long-absent members, notably Miss Hodgson, who was on her way to her new charge, the Malden Hospital.

ORANGE, N. J.—A very largely attended meeting was held in St. Paul's Church, Prospect Street, East Orange, at three-thirty P. M., October 29. In the absence of our chaplain the rector of the parish, the Rev. Mr. Taylor, conducted the service and made a short address, suggesting many beautiful thoughts on the "Mystery of Pain," showing how such seeming afflictions may be made into

real blessings. Three active members and one associate were received. We had the pleasure of making welcome three members from Passaic, two newly joining the guild and one being transferred from Brooklyn, though we may know them only to miss them, as a branch has been formed in Paterson which would be much more accessible, but we hope to keep them a short while anyhow, and in the meanwhile extend a hearty greeting to the newly formed branch. A business meeting followed the service, held in the Parish Room. Reports were received from the Committee on Work, two objects being suggested for the sewing meetings, to be held, as usual, once a month, the second Thursday. The Calendar Committee reported that the evidence of their labors would soon be in the hand of each member, who is again exhorted to keep the calendar where it can constantly be referred to, that there may be no excuses for lapses of memory. An important discussion was carried on concerning the ideas of the branch on the *united object* of the guild. Adherence seemed chiefly to be given to the idea of mutual help, a plea for which has already appeared in these pages. Refreshments were handed around by the ladies of the parish, and much enjoyed by all who were able to remain. Two active members, Miss Gallian and Miss Kapp, have removed to Seattle. A short farewell service was held at the Nurses' Settlement, Valley Street, which was very largely attended by the nurses who desired to wish them good-by. Miss Gallian is a graduate of some years' standing. Miss Kapp only graduated last year, and goes to Seattle to join her mother. An associate member has also a long journey before her, and goes to Arizona in a professional capacity. She expects to be there for some months. Miss Lotta Layton is now occupying the guild-room at the Nurses' Settlement, convalescing from a severe attack of typhoid fever.

FROM the *Spirit of Missions*:

"At a meeting of the Board of Missions on September 15 the appointment by the Bishop of Alaska of Miss Isabel M. Emberley as trained nurse at Skagway was formally approved, her stipend being provided in part by a pledge of the Woman's Auxiliary, and as to the remainder by a pledge of the bishop himself.

"After a farewell service in the chapel of the Church Missions House on September 9, Deaconess E. M. Elwin and Miss Jane S. Jackson, under appointment to the mission in the Philippine Islands, left New York that evening and sailed from San Francisco by the steamer Hong Kong Maru on the 19th of the same month.

"Besides these members of the Boston Branch we have in Alaska Deaconess Carter at Bishop Rowe's Hospital, to whom Miss Emberley goes, and Miss Lizzie Woods at Circle City. These, with Bishop Brent and Miss Katherine Murray, in Utah, make six from our branch in the last two years."



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



IMPORTANT TO OFFICERS OF SOCIETIES

THE attention of officers of all organizations that send announcements and reports for publication in this department is called to the fact that all such communications should be sent to *my address*, and not to the Editor-in-Chief at Rochester or to the publication office in Philadelphia. Proceedings, to be of interest, should be reported immediately after a meeting has been held and sent on at once. This department of official reports goes to press usually on the 18th day of the month *preceding* the date of issue, but it sometimes happens that the pages are held a few days later for especial reports to come in, in which case any short reports that are in my hands can be given space, instead of being held over for a later number.

To young officers new to the work a word of advice may be acceptable. Condense all reports as much as possible. Do not abbreviate. Write out in full each time the name of the society, president, secretary, treasurer, etc. Use figures only for dates. Remember that to write on both sides of the paper is a literary crime. When you do this your report must be rewritten before being sent to the printer.

Leave a margin of an inch at the top and one side of every sheet.

Do not write a personal note to the editor on the same sheet which is to go to the printer. Sign name and address each time.

MARY E. THORNTON,

Editor of the Department of Official Reports,
120 East Thirty-first Street, New York City.

NEW YORK STATE NURSES' ASSOCIATION

THE following associations and individuals were accepted into membership at the semi-annual meeting of the New York State Nurses' Association, held in New York October 20, 1903:

Alumnæ Association of St. Luke's Hospital Training-School for Nurses; membership, 101: of the Brooklyn Hospital Training-School for Nurses; membership, 102: of St. Vincent's Training-School for Nurses, membership, 32: of the Training-School for Nurses of the German Hospital; membership, 77: of Training-School of St. John's Hospital, Brooklyn, N. Y.; membership, 37: and the Association of Nurses of Northern New York; membership, 24.

Miss Ida M. Wainwright, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
Miss Margaret E. Reynolds, graduate 1902, Hahnemann Hospital, Rochester,
N. Y.

- Miss Lillian E. Bickle, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
- Miss Maud L. Parkes, graduate 1901, Nathan Littauer Hospital, Gloversville, N. Y.
- Miss Maud, or Marie, Schwartz, graduate 1898, Nathan Littauer Hospital, Gloversville, N. Y.
- Mrs. F., or J. R., Fulton, graduate 1903, Nathan Littauer Hospital, Gloversville, N. Y.
- Miss Ruth A. Hathaway, graduate 1900, Nathan Littauer Hospital, Gloversville, N. Y.
- Mrs. Mary Werdeiman, graduate 1899, Nathan Littauer Hospital, Gloversville, N. Y.
- Miss Maud Grangher Tompkins, graduate 1902, St. John's Training-School, St. John's Hospital, Brooklyn, N. Y.
- Mrs. Minnie J. Ledlie (John B.), graduate 1892, The Johns Hopkins Hospital, Baltimore, Md.
- Miss Helen M. Nixon, graduate 1899, Metropolitan Hospital, New York City.
- Miss Evelyn Nixon, graduate 1899, Metropolitan Hospital, New York City.
- Miss Lillian D. Wald, graduate New York Hospital Training-School for Nurses.
- Miss Sarah Bessie Palmer, graduate 1896, St. Luke's Hospital, Utica, N. Y.
- Miss Ida Thomas, graduate 1898, Hahnemann Hospital, Rochester, N. Y.
- Miss Julia E. Davern, graduate 1896, New York State Training-School of the Prospect Heights and Brooklyn Maternity Hospital, Brooklyn, N. Y.
- Miss Catherine M. Carruthers, graduate 1894, Lady Stanley Institute, Ottawa, Canada; graduate 1900, Polyclinic Hospital, New York City.
- Miss Mary Lee Watson, graduate 1900, St. Luke's Hospital, Utica, N. Y.
- Miss Frida E. Aurell, graduate 1898, University of Pennsylvania Hospital, Philadelphia, Pa.
- Miss Georgia L. Josh, graduate 1903, Hahnemann Hospital, Rochester, N. Y.
- Mr. James Bernard Buckley, Class of 1902, Hahnemann Hospital, Rochester, N. Y.
- Miss Emma Teresa Hogan, graduate 1896, St. Lawrence State Hospital, Ogdensburg, N. Y.
- Miss Bessie Nesbitt, graduate 1898, State Hospital, Concord, N. H.
- Miss Anna B. Korbel, graduate 1898, Utica State Hospital, Utica, N. Y.
- Miss Bertha Alma Underwood, graduate 1902, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Sylvia Nell Williams, graduate 1898, Amsterdam City Hospital, Amsterdam, N. Y.
- Miss Elizabeth Hogan, graduate 1893, St. Lawrence State Hospital, Ogdensburg, N. Y.
- Miss Ella Underhill, graduate 1891, Bellevue Hospital, New York City.
- Miss Florence M. Perry, graduate 1901, Amsterdam City Hospital, Amsterdam, N. Y.
- Miss Mary Elizabeth McNally, graduate 1902, Poughkeepsie State Hospital, Poughkeepsie, N. Y.
- Miss Jennie Louise Reynolds, graduate 1899, St. Luke's Hospital, Utica, N. Y.
- Miss Ida Z. Thompson, graduate 1901, Protestant Episcopal Hospital, Philadelphia, Pa.
- Miss Jane C. Mattingly, graduate 1898, Troy Hospital, Troy, N. Y.
- Miss Christene Ronnenberg, graduate 1899, Women's Christian Association Hospital, Jamestown, N. Y.

- Miss Edith Emma Moore, graduate 1900, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Estella Hayes, graduate 1901, St. Luke's Hospital, Utica, N. Y.
- Miss Mary Stuart, graduate 1901, St. Luke's Hospital, Utica, N. Y.
- Miss Genevieve E. Drew, graduate 1901, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Melvina Seversage, graduate 1902, Women's Christian Association Hospital.
- Mrs. S. J. Keeler, graduate 1900, Women's Christian Association Hospital.
- Miss Edna E. Luce, graduate 1892, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Nettie Amelia Romans, graduate 1894, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Stella M. Jenkins, graduate 1900, St. Luke's Home and Hospital, Utica, N. Y.
- Miss Christina Sutherland, graduate 1899, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Mary F. Hood, graduate 1899, Rochester City Hospital.
- Miss Katherine C. Welch, graduate 1900, St. Luke's Hospital, Utica, N. Y.
- Miss Clara M. Hartley, graduate 1903, Hahnemann Hospital.
- Miss Louisa J. Knorr, graduate 1897, Hahnemann Hospital.
- Miss Anna Mae Miller, graduate 1900, Amsterdam Hospital.
- Miss Frances McCurdy, graduate 1895, University Hospital, Philadelphia, Pa.
- Miss Minnie A. Ketcham, graduate 1896, Bellevue Hospital, New York City.
- Miss Katherine C. Knorr, graduate 1893, Hahnemann Hospital.
- Miss Sarah Moore Delaney, graduate 1897, New York City Hospital.
- Miss Anna F. Burns, graduate 1903, St. Barnabas Hospital, Jersey City, N. J.
- Miss Mary Luella Burns, graduate 1896, Amsterdam City Hospital, Amsterdam, N. Y.
- Miss Lydia E. Coakly, graduate 1892, Connecticut Training-School.
- Miss Alice R. Hayes, graduate 1900, St. Luke's Hospital, Utica, N. Y.
- Miss Mary Eleanor McKenzie, graduate 1899, St. Luke's Hospital, Utica, N. Y.
- Miss Geneva C. Burhaus, graduate 1899, City of Kingston Hospital, Kingston, N. Y.
- Miss Caroline Evans, graduate 1898, St. Luke's Hospital, Utica, N. Y.
- Miss Agnes McInnes, graduate 1898, New State Hospital, Morris Plains, N. J.
- Miss Eva V. Kay, graduate 1898, Hahnemann Hospital, Rochester, N. Y.
- Miss Helen Mills, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
- Miss Elizabeth H. Stahl, graduate 1891, Methodist Episcopal Hospital, Brooklyn, N. Y.
- Miss Caroline A. Dockstader, graduate 1901, Amsterdam Hospital, Amsterdam, N. Y.
- Miss Alma G. Clark, graduate 1902, Hahnemann Hospital, Rochester, N. Y.

An application received from Miss Emma E. Hild, resident in Pennsylvania, has been declined, and applications from eleven individuals and three Alumnae Associations were, unfortunately, received too late to be presented for consideration.

JESSIE MCCALLUM, Secretary,
Post-Graduate Hospital, New York.

TO THE NEW YORK STATE NURSES

THE following circular letter has been issued by the secretary of the New York State Nurses' Association:

"It is the earnest wish of the New York State Nurses' Association that every nurse eligible for registration shall make application at once to Mr. J. R. Parsons, Jr., secretary of Regents, Albany, *for an application blank* (no charge whatever for this).

"In order to facilitate the further steps of registration, a delegate was appointed at the semi-annual meeting to inquire into some seemingly obscure points regarding the application blank.

"The following information was given by Mr. Parsons:

"It is not necessary to send diplomas to Albany, although the Regents have the right to ask any doubtful applicant to forward her diploma. A fee of five dollars and a photograph must accompany the blank when it is returned.

"The applicant swears before a Justice of the Peace, Notary Public, or Commissioner of Deeds that what she has written on the blank in reply to the questions is true and that the enclosed photograph is hers, and signs her name.

"It is not necessary to show diplomas or photograph to the aforesaid Justice of the Peace, Notary Public, or Commissioner of Deeds.

"The physician is requested to fill in the spaces in the certificate of good moral character and to sign his name in the first of the three spaces for signatures required. The two nurses follow with their signatures, adding after their names the number of years they have known applicant.

"Give only the information asked for on the blank.

"Letters of recommendation are not called for.

"Regarding the training-school blanks, it is not necessary for a training-school to be incorporated. The clause which reads 'make only the allowance specified, etc.,' refers to schools which make some allowance to pupils who may have had some previous training for the work. Such allowance, if any, must be specified on the back of the blank.

"JESSIE MCCALLUM, Secretary,

"303 East Twentieth Street, New York."

SPANISH-AMERICAN WAR NURSES

REPORT OF THE GATHERING AT NEW HAVEN, CONN., SEPTEMBER 28-30

IN response to the invitation extended by the Spanish War Veterans to join them in the social features of their annual encampment, between thirty and forty nurses assembled in New Haven. The long and enthusiastically greeted parade was the success of Monday afternoon, and in the evening addresses of welcome were delivered to a large assemblage in Woolsey Hall. After these exercises the Governor of the State and his staff received the guests of the city, and later in the evening the War Nurses were entertained informally by the officers of the Spanish War Veterans at their headquarters.

Tuesday morning the nurses were shown over Yale University and Peabody Museum under the escort of a member of the faculty. After a pleasant luncheon at the hotel head-quarters the nurses joined the Veterans and their Auxiliary in a trolley-ride tendered them by the Business Men's Association, and all the points of interest in and near the city were viewed from the cars and described by a guide in each car. From eight to ten that evening all participated in a delightful reception tendered the society by the Alumnæ Association of the

Connecticut Training-School at New Haven Hospital. From ten to eleven-thirty the nurses enjoyed the entertainment given by the Veterans at their "camp-fire."

Wednesday morning an informal meeting was called by the president to discuss the affairs of the society. It was the unanimous desire of all the members present that a certain style of uniform should be adopted by the society for wear on all appropriate occasions. The matter was placed in the hands of a committee, which is to report to the Executive Committee. A simple and inexpensive uniform with a distinctive cap and brassard was generally approved, and the wish was expressed that a similar one should be planned in time for wear at the next meeting. The purchase of a flag or banner was also discussed. Following the line of work proposed by the president in her annual address, committees were selected to represent the hospitals of 1898 in preparing the record of nursing in the war. Another topic discussed was the next meeting of the society, which is to be held in St. Louis, and the Executive Committee was unanimously requested to place the date of the meeting in the week beginning September 26. As the gathering was an altogether informal one, and not a regular meeting of the society, no business was transacted, but, as above stated, several suggestions were made for the consideration of the Executive Committee.

Wednesday afternoon a foot-ball game between Yale and Tufts College was enjoyed, and in the evening the nurses were guests of the Hyperion Theatre to witness "The Virginian." Thus closed three days, every minute of which was keenly enjoyed, and everyone returned home with the feeling that this little holiday had been a benefit as well as a pleasure.

ANITA NEWCOMB MCGEE, President;
LELA WILSON, Recording Secretary.

REPORT OF THE HOSPITAL ECONOMICS COURSE FOR THE MONTH OF OCTOBER, 1903

THE students registered for the course are as follows: Minnie H. Ahrens, Grace E. Baker, Helen Balcom, Annie M. Coleman, E. A. Douglass, Isabella Emma Jewell, F. Madeline Shaw, Helen W. Kelly, Mathild H. Krueger, Christina MacLennan, Susan G. Parish, Mary H. Paterson, Winona Peterson, Marie M. Stotz, Mary C. Wheeler.

Miss E. A. Lampman and Miss Lucy G. Van Horn withdrew their names at the time of registration, it being impossible for them to complete their arrangements.

Miss Mathild Krueger, of the Illinois Training-School, has reëntered, to complete the course which she began last year.

Following the schedule of our course the students have taken from the elective courses biology and physical education, domestic science 14, physical education 10, and domestic science 13. All but one are taking bacteriology, and all but three are taking domestic science 10. A number are taking physical education 1,—gymnastics, the elementary course,—which gives them an hour's exercise twice a week. The students are allowed to enter as auditors domestic science 11 and 12; as this is lecture work, it helps them with their other studies, but gives them no extra work to do and counts for no credit.

Domestic science 13 has not been taken by these students since the first year of our work. It is being given now in a practical way (for the first half-year), which will aid them in their study of hospital construction, including lighting, heating, ventilation, water supply, and disposal of waste.

We have taken up our work at the Speyer School with a class of twenty pupils—the same class of pupils that we had last year. The hospital economics students have planned a very good course of lessons to meet the conditions found there. This course will be given in detail next month in the report. The students are very enthusiastic about this work.

Upon the withdrawal of Miss Allerton from her lecture course to this class Miss Goodrich has consented to take her place. As this work will be given this year in connection with domestic science 13, it will be more directly applied to the essentials for hospital work. The subjects will be as follows:

Lecture 1, "General Hospitals and Accessory Departments."

Lecture 2, "Special Hospitals."

Lecture 3, "Hospital Equipment."

The first course of lectures will be given by Miss Nutting the second week in November.

The places visited for the month have been the Presbyterian Hospital, Manhattan State Hospital, St. Mary's Free Hospital for Children, Bellevue Hospital, and one session of the New York State Meeting.

Money received for the course this month has been ten dollars from Mrs. Gretter and three dollars and fifty cents from the Old Dominion Alumnae Association.

The students so far have enjoyed their work very much, and seem fully to appreciate why they are here. Being a large class, the class spirit is more developed than heretofore; they have organized as a class, and have their president and secretary, and in this way will be represented in the college functions.

All the students board at the dormitory, and in every respect it promises to be a satisfactory year.

ANNA L. ALLINE.

November 5, 1903.

NURSES' SOCIETY OF THE COUNTY OF NEW YORK

A LONG-TALKED-OF, much-needed movement is on foot, the organizing of all the isolated societies in New York County into one large body. The question arises how to do this without disturbing all that has been accomplished heretofore and without creating an entirely new organization. In a way, to make it serve to hold that which is already formed and strengthen it as only one large organization with definite aims and purposes can, the following letter has been sent to the presidents of the societies in New York:

"To the Alumnae Association of —, Miss — —, President.

"MY DEAR MADAM PRESIDENT: At the meeting held at 120 East Thirty-first Street on Monday, October 26, to discuss the advisability of creating a society of the nurses in the County of New York and to consider the method of forming such an association the following points were brought out:

"1. That there should be a forum where the many questions and problems (constantly arising through the rapid evolution of the profession of nursing) demanding answers and solutions may be propounded and expounded; that said matters are often not pertinent to what should constitute the routine of business at the deliberations of the New York State Nurses' Association.

"2. That it is conceded by the majority that the proper form of representation in the State society is by regularly elected and instructed delegates from the county association. Therefore it would seem wise to consider the forming of such an association as speedily as possible.

"3. Should the organization be formed and put into motion at once, that it be composed of delegates from already organized bodies, the number of such delegates to be one for every ten members of each affiliating society. That the county association shall in turn send these delegates to the meetings of the State society, or that the membership in the county be a representation of one for every five members of each affiliating society, and the county to then elect one in ten as delegates to the State association.

"4. It is recommended that the first meeting of such society be held on the first Monday of January, 1904, and after that meeting, which will be more or less devoted to perfecting the organization, that there be held four meetings in each year, viz.: in the months of March and May, in order to precede and follow the annual meeting of the New York State Nurses' Association, the other two to be held at such times as the societies may find necessary; that these meetings shall be held at eight o'clock in the evening on the first Monday of the months designated in such locality as shall be most convenient for the members, until such time as the county shall have its own headquarters, which, when we consider that there are eight thousand nurses in New York, ought not to be far distant.

"May we ask that you place the foregoing statement before your association, either at the stated meeting following the receipt of this communication or at a special meeting called for the purpose of considering the subject, in order that your delegates may be advised of your society's wishes in this very important matter and instructed to appear and present said views and wishes at the meeting to be held on the first Monday of December in the Training-School parlors of the New York Hospital, 8 West Sixteenth Street?

"At this meeting the secretary pro tem. will have on file copies of reports from the several county associations already formed in nursing centres. During the interim any propositions individuals or societies may wish to have filed may be sent to

"MARY E. THORNTON, Secretary pro tem.,
120 East Thirty-first Street.

THE EUROPEAN PARTY

PLANS for the European trip thus far perfected include Naples, Genoa, Pisa, Florence, Venice, Milan, the Italian Lakes, Switzerland, the Rhine, Germany (Cologne, Dresden, Berlin, Potsdam), and as much of the surroundings of Paris and London as can be managed.

This itinerary is, in a measure, dependent upon the date set for the International Congress, which, rumor tells, is fixed for the first week in June, 1904; however, no official notice to that effect has come.

In the event of there being a very large party a special sailing might be arranged for, but if there should be only, say, twenty-five, this, of course, could not be done. The present outlook is for a large number, and there would seem to be every reason to suppose all plans might be easily carried out. Every one wishes, or should wish, to go to Europe, and the congress offers an exceptional opportunity that we should embrace.

A nurse who has been visiting London recently writes that she has petitioned that the "Old Curiosity Shop" may not be razed until we have seen it.

Apply to

MISS M. E. THORNTON,
120 East Thirty-first Street, New York City.

TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK

THE Class in Hospital Economics, Teachers College, numbers fifteen members this year. The work is now well under way, and the students already realize that the opportunities offered are far beyond their anticipations.

The subjects elected for the course of study are all proving of the greatest interest and value, and are so correlated as to give a most practical knowledge of their use.

The subjects are as follows: Psychology, biology, anatomy and physiology, domestic science, and hospital economics. From psychology the class feels a great gain in a knowledge of human nature and a better appreciation of how to deal with problems of daily life.

It may be of interest to some to know of Dr. Thorndike's book, "The Human Nature Club," which is so well adapted to help those not familiar with the subject.

The lectures and demonstrations given in biology, anatomy and physiology, and in domestic science are felt by the students to be giving them a deeper and broader conception of their meaning and importance in relation to all the work of a nurse.

The time given to the subject of hospital economics is devoted to lectures and discussions of hospital and training-school management and the methods in use. This period is always intensely interesting and advantageous.

We have the opportunity of practice teaching at Speyer School Settlement, where a class of young women are given instruction in home nursing.

The weekly hospital excursions are proving most beneficial. We appreciate the courtesies shown the class by the superintendents of the hospitals visited, in all of which we have been most cordially received. It is of inestimable benefit to us of lesser experience to meet such able representatives of the nursing profession.

Not only is the work at Teachers College a great help to us as nurses, but the daily association with students of other courses tends to give us wider interests.

MINNIE H. AHRENS, Class Secretary,
1230 Amsterdam Avenue.

PENNSYLVANIA STATE MEETING

THE meeting for the completion of the organization of the Graduate Nurses' Association of the State of Pennsylvania was called to order at the Hotel Schenley, Pittsburg, on October 5 and 6, 1903, at nine-thirty A. M.

The opening prayer was made by the Right Rev. Cortland Whitehead, of Pittsburg, followed by an address of welcome by Dr. Percival Eaton, also of Pittsburg.

Response by Miss Brobson, of Philadelphia, chairman.

The first session was taken up with the adoption and signing of the constitution by about eighty nurses.

The first address was made by Miss Allerton, chairman of the New York State Legislative Committee, who gave an interesting talk on organization work and also many valuable hints.

The afternoon session was fully taken up by the adoption of the by-laws.

On the second day an address was made by Miss Sophia Palmer, Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING, who supplemented Miss Allerton's address. The reports of the various committees were read and approved.

Resolutions of thanks were tendered to Bishop Whitehead for his opening prayer, Dr. Percival Eaton for his cordial welcome, the nurses of Pittsburg for their entertainment, Miss Allerton and Miss Palmer for their address and help, and to the management of the Hotel Schenley for the use of rooms in which to hold their meetings.

The permanent officers for the year elected were:

President, Miss Anna E. Brobson, Philadelphia, Pa.

First vice-president, Miss Curtis, Phoenixville, Pa.

Second vice-president, Miss McKee, Johnstown, Pa.

Secretary, Miss Ida F. Giles, Pittsburg, Pa.

Treasurer, Miss A. M. Shiels, Philadelphia, Pa.

Board of Directors—Miss Lucas, Philadelphia, Pa.; Mrs. Burgess, Pittsburg, Pa.; Miss Molloy, Philadelphia, Pa.; Miss Collins, York, Pa.

The next meeting of the association will be held at Harrisburg on Wednesday and Thursday of the third week in January.

Much gratification is felt on account of the enthusiasm displayed on the subject of organization by the nurses, doctors, and the general public.

The meetings have so far been largely attended, and reports from outlying districts are very encouraging, several county societies having been formed preliminary to entering the State Association.

It is hoped that before the next meeting several hundred new members will have been enrolled.

A full report of the meetings printed in pamphlet form may be had for ten or fifteen cents upon application to

MRS. GEORGE LOEFFLER,
Chairman Press and Publication Committee,
5165 Woodward Street, Pittsburg, Pa.

RULES AND REGULATIONS OF THE NURSES' EXAMINING BOARD OF GRADUATE NURSES OF THE STATE OF VIRGINIA

SECTION 1. All nurses must obtain, either by letter or in person from the secretary and treasurer, the application blanks for certificates as registered nurses, and must file said form, duly filled and attested, with the secretary at least fifteen days before date of examination.

SEC. 2. *Application for Certificate as Registered Nurse:*

"I hereby apply for a certificate as registered nurse in the State of Virginia and inclose the following proofs and fee as required by laws of 1903:

"1. Certificate of moral character.

"2. Evidence of professional training and experience.

"3. Certified check, post office order, or express money order for five dollars."

(Cancel words not applying.)

Make checks, drafts, etc., payable to secretary and treasurer of Nurses' Examining Board of Virginia.

Signature of applicant,

Post-office address,

QUESTIONS AND ANSWERS.

1. Full name?

2. State age at graduation?

3. Legal residence?

4. Give the date and source of each credential which you hold, including both preliminary education and professional training.

5. Are you a member of the alumnae association in connection with the training-school of which you are a graduate? Or are you a member of any local nurses' association in the State of Virginia?

6. In what months and years and in what institutions have you studied nursing?

7. How many years, where, and in what capacity have you practised nursing?

I desire to apply for a certificate { Without examination.
With examination in practical nursing.
With full examination.
(Cancel words not applying.)

AFFIDAVIT.

STATE OF VIRGINIA, }
COUNTY OF } ss.

— — being duly sworn, says that — — is the person who is referred to in the foregoing application for certificate as registered nurse in the State of Virginia; that the statements therein contained are in own handwriting and are strictly true in every respect; that — — has complied with all requirements of the law, and that — — *has read and understood this affidavit.*

— — (Signature of applicant.)

Sworn to before me, this
day of — — 190

— — { Justice of the Peace.
Notary Public.
Commissioner of Deeds.
(Cancel titles not applying.)

CERTIFICATE OF GOOD MORAL CHARACTER.

(Signed by a physician in good standing, and by two graduate nurses eligible for registration.)

This certifies that I have been personally acquainted with — — for — — years; that I believe — — to be truthful, reliable, and of good moral character, and I hereby recommend — — to the State Board of Nurses as entirely worthy to receive a certificate as registered nurse in the State of Virginia pursuant to law.

— — P. O. Address,
Graduate (in the year) of
— — P. O. Address,
Graduate (in the year) of
— — P. O. Address,
Graduate (in the year) of

SEC. 3. Candidates in turning in their papers to the examiner-in-charge must sign them, not with their names, but with the numbers assigned them by the secretary, which numbers are to be known only to the parties and the secretary, and by which numbers only are the papers to be examined and marked by the examiners.

SEC. 4. Each candidate is expected to sign a pledge to the effect that he or she has neither received nor given information on any of the subjects under examination during the time of the examination.

SEC. 5. Each candidate will have a table or desk assigned him by number, and he is expected to occupy only that desk during the examination.

SEC. 6. Candidates are not allowed to leave the hall after once entering it until they have handed in their papers relating to the subject then on the blackboard. Furthermore, they are not allowed during the progress of the examination to communicate with each other verbally or by notes or signs.

SEC. 7. Visitors will not be allowed in the hall during the examinations, except by official invitation of the board, and under no circumstances will they be permitted to communicate with or interrupt the candidates during the time of examination.

SEC. 8. The Nurses' Examining Board of Virginia desires to reciprocate with the boards of other States, but deems it necessary for its own protection that every applicant claiming such recognition shall present with his or her petition a diploma from a reputable general hospital, together with an attested certificate from a State Nurses' Examining Board having same requirements as our board, and shall pass a satisfactory oral examination before a committee of the board. Having complied with these requirements, a certificate will be issued on payment of the usual fee.

SEC. 9. The Nurses' Examining Board of Virginia declines to recognize the diploma of any training-school which does not conform to the requirements of the Association of Graduate Nurses of Virginia.

SEC. 10. Examinations, both written and oral, in medical, surgical, obstetrical, and practical nursing will be held semi-annually, spring and fall. Due notice of date and place will be given through the local press and professional journals.

NOTICE TO ALUMNÆ ASSOCIATIONS

THE price of "Congress Transactions" has been reduced to *one dollar* per volume, and all alumnae associations that have not already purchased them are earnestly urged to do so.

Many associations responded to the appeal from the Associated Alumnae last April and invested a sum represented by ten cents per capita of their membership in copies of "Congress Transactions" and retailed them to their own members at the cost price, but there are associations from whom a reply has not been received, and to such the appeal is repeated.

Any desired information will be furnished and orders will be taken by the treasurer, Miss Tamar E. Healy, 160 Joralemon Street, Brooklyn, N. Y.

THE JOURNAL STOCK

SO MANY inquiries are being made in regard to stock in THE AMERICAN JOURNAL OF NURSING Company that we are authorized to announce that letters asking for information should be addressed to the president, Miss M. E. P. Davis, Boston Insane Hospital, New Dorchester, Boston, Mass., and that checks should be made payable to the treasurer, Miss Mary M. Riddle, 745 Massachusetts Avenue, Boston, Mass. This stock is held entirely by individual nurses and alumnae associations.—ED.

REGULAR MEETINGS

BUFFALO.—The regular monthly meeting of the Buffalo Nurses' Association was held in the Guard of Honor Rooms November 2, Miss Owen, president, in the chair. The business of the day was the appointment of a delegate to the New York State Federation and the discussion of the proposed changes in the by-laws. Miss Sylveen Nye was chosen to represent the association in Utica next week, Miss Josephine Snetsinger and Miss Mary Louise Drake alternates. The notice of change in the by-laws was as follows:

"It is proposed to change the number of the quorum of the Buffalo Nurses' Association from fifteen to nine. The request was posted in the club-room at 77 West Eagle Street on September 7 and is signed by Miss Snetsinger, Miss Greenwood, Miss Marsden, Dr. Oliver, Miss M. K. Benham. (See by-laws, Article I., Section 1.)

"It is further proposed, and the notice was posted September 8 in the club-room at 77 West Eagle Street, to admit married nurses to the Association *without* compelling them to subscribe to the Sick Benefit Fund. Signed by Miss Grovenbury, Miss Greenwood, Miss Owen, Miss Overton, Miss Rothfuss. (See by-laws, Article VIII., Section 1.)"

Each proposed change was discussed at length, the matter being finally held over to the next meeting. The trades school project was briefly touched upon, the general expression of the house being in favor of a trades school rather than scholarships. The Programme Committee in asking to be discharged reported the yearly programme issued October 17. Something to attract and draw the members together was desired, so there has been introduced some subjects in rather lighter vein, arranging them in alternation with the more scientific subjects. At the conclusion of the business meeting Dr. DeWitt G. Wilcox gave a very interesting lecture on "Surgical Emergencies" which was much enjoyed. At the close of his address the members passed a vote of thanks to Dr. Wilcox and expressed the hope that they might hear him again, after which the meeting adjourned.

CINCINNATI.—In the latter part of May, 1897, the following notice appeared in the Cincinnati papers: "All graduate nurses interested in forming a nurses' association are invited to meet at the Presbyterian Hospital, West Sixth Street, at eight P.M.," and was signed by Olive Fisher, Mary Hamer Greenwood, J. Della Hall, Josephine Osborn. Thirty nurses responded to this call. A thorough discussion of the need of organization among the nurses of Cincinnati was followed by a motion, which was carried unanimously, that an association to be known as "The Graduate Nurses' Association of Cincinnati" be formed. At a subsequent meeting officers were elected, a constitution and by-laws adopted, and a permanent organization effected. The first directory for nurses in Cincinnati was established by the Society of the Cincinnati Training-School for Nurses. When this society ceased to take an active part in nursing affairs the directory was managed for a short time by the Academy of Medicine. One of the first things attempted by the newly organized association was the establishment of a central directory. This was successfully carried into effect and has been maintained and governed by the association since that time. At the regular monthly meetings, which as a rule are always well attended, papers of general interest to the profession are read and discussed. The winter of 1902 and 1903 was de-

voted to the study of the charitable organizations and settlement work at Cincinnati. Of especial interest was an open meeting at which Dr. William Crane, of the Board of Health, spoke on the following subject, "How the Graduate Nurse can Coöperate with the Board of Health." This winter the work outlined is to deal with the subjects of "State Association" and "State Registration." The association has eighty members in full standing, and has been the means of bringing about active coöperation among the members of the nursing profession in Cincinnati.

BUFFALO.—The Erie County Alumnae on the evening of November 13 held a "measuring social" at the home of Dr. and Mrs. F. W. Filsinger for the benefit of the alumnae. Members and their friends received cards bearing the concise quotation with the invitation:

"Three cents for every foot you're tall,
We'll measure you on door or wall:
Two extra cents for each inch give,
And thereby show how high you live."

Guests and their friends were received by Mrs. Filsinger and Miss Keating, and then made merry over being measured and at some guessing and modelling games, which were quite unique, after which the Social Committee, consisting of Misses Jennie Cox, Lillian Dark, and Mrs. Gustin Welch, assisted by the hostess, Mrs. Filsinger, served dainty refreshments.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, November 11, 1903, at three P.M., in the rooms at 108 South Eighteenth Street, Philadelphia, Pa., Miss Ramsden, first vice-president, in the chair. Regular routine business was transacted. On motion of Miss Milne, seconded by Miss Montgomery, the new rooms will be taken for a year, to be rented monthly. Wednesday, November 18, will be "Donation Day," when any articles suitable for furnishing rooms will be gratefully accepted by the Room Committee. The following committee was appointed by the chair to work up the interests of State registration. Miss Allen, chairman; Miss Brobson, Miss Dunlop, Miss Payne, and Miss Malloy. The resignation of Mrs. Mabel G. Anders was accepted with regret. The Misses Spackman, Payne, Bosser, Bettig, and Rayer were admitted into membership. The name of Miss Whitaker was presented to the association.

BUFFALO.—Miss Frances Black, the new superintendent of the Buffalo Homœopathic Hospital, gave a charming tea in the parlors of the hospital from four to six on the afternoon of October 20 in honor of Miss Snetsinger, the retiring superintendent of nurses. The quaint old rooms were gay with palms and autumn flowers and festoons of red satin ribbons, the class color for the fall graduates. Miss Black was assisted in receiving by Miss Sylveen Nye and Miss Mary Louise Drake, the tea-table being presided over by Miss Damer and Mrs. A. J. Martin. Many friends of the hospital were present, members of the Training-School Committee, Junior Board and staff, superintendents and nurses from other schools, and the majority of the Homœopathic graduates. All came to have a parting word with Miss Snetsinger and to leave a hearty welcome for Miss Black.

BROOKLYN.—The October meeting of the Methodist Episcopal Alumnae was held at the hospital. Mrs. William B. Leverick, *née* Mabel O. Harding, was elected treasurer of the endowment fund. The president announced that the Executive Board had considered the association's communication concerning the endowment of a room in the hospital, and had appointed a committee—consisting of Dr. Kavanagh, Mr. Bently, and Dr. Lewis S. Pilcher—to meet the alumnae. The association voted that a committee of seven be appointed by the chair to confer with said committee. Dr. Kavanagh and Mr. Bently were present and expressed their appreciation of our generosity and discussed some of the points to be seriously considered. The board unhesitatingly agreed to sign a contract between the hospital and the Alumnae Association.

PHILADELPHIA.—The regular monthly meeting of the University Hospital Alumnae was called to order at three P.M. by the president, Miss Rudden. Seventeen members responded to the roll-call. The E. R. Fund shows a steady increase, which is very gratifying. It is to be hoped that our members will recognize the advantage gained by attending lectures at the hospital, for which Miss Smith has given permission. A report of the meeting of the State Society at Pittsburg was read. Miss A. E. Brobson urged the hearty coöperation of each member in the work undertaken. Five new members were admitted, Misses Doolittle, Gordon, McGill, Ritter, Clay. One name was proposed for membership. Then followed an animated discussion on various topics and adjournment of a most enthusiastic meeting.

PROVIDENCE, R. I.—The Rhode Island Hospital Nurses' Club met at the George Ide Chace Home for Nurses, November 10, the subject for the evening being "New Fields of Nursing Work." Miss Elizabeth F. Flemming, matron of the Union Hospital, Fall River, Mass., gave an interesting description of the preparatory course of the Training-School connected with that hospital. Miss Margaret J. MacPherson read a paper on "Army Nursing," Miss Ruth E. Miller on "Settlement Work," Miss Bertha G. Perry on "Tenement House Inspection," Miss Annie L. Bamford on "School Nurses." The papers were carefully prepared and were appreciated by those present. The parlors were well filled with graduate and pupil nurses. Refreshments were served after the programme. A pleasant and profitable evening.

TORONTO.—The annual meeting of the Alumnae Association of the Toronto General Hospital School for Nurses was held in the lecture hall of the residence on Tuesday, October 20, at three P.M., when the following officers were elected for the ensuing year: President, Mrs. Paffard; secretary, Miss Hartley; treasurer, Miss Dougal; first vice-president, Miss Stewart. All these officers were elected by acclamation. Mrs. McPherson was elected second vice-president and Mrs. Winchester director. The meeting was well attended, and several committees were elected to look after the work for the ensuing season. Before the close of the meeting Miss Snively, honorary president, was presented with one of the pretty gold and enamel badges recently adopted by the society.

BOSTON.—On Tuesday, October 27, being the annual meeting of the directors and managers of the New England Hospital for Women and Children, the hospital buildings were opened to the public. The stockholders of the Nurses'

Club-House offered their rooms to the directors and their friends for their annual entertainment. The main hall and double parlors were prettily decorated, and tea was served from four to six. There were about seventy-five persons present. Everyone was pleased with the Club-House arrangements. A very pretty party was given by the pupil nurses at the Lucy Goddard Home on Saturday, October 31 (Hallowe'en night). There were many youths and maidens prettily and grotesquely attired. The inmates of the Club-House were invited.

TORONTO.—The Alumnae Association of the Nurses of the General Hospital of Toronto had a most enjoyable reception on the afternoon of October 15. A number of nurses, past and present, had the opportunity of meeting each other, some of them representing the Class of 1886, whom the younger students were glad to meet, which rendered the gathering one of peculiar interest. The guests were received by Mrs. Pafford, president, and Miss Green. Miss Snively also received the guests, and was most kind in introducing her old and new friends. The tea-table was charmingly decorated in rose silk, with pretty ornaments of roses, carnations, and ferns. An orchestra played during the reception, which was a very successful one in every way.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular meeting at the Academy of Medicine, 17 West Forty-third Street, Tuesday, October 10, at three P. M., the president in the chair. After the reading and approving of the minutes announcement was made of the recent death of Mr. C. P. Armstrong, husband of one of our most interested members. It was moved that a letter of condolence be sent to Mrs. Armstrong. A very interesting lecture was given by Dr. De Santos Sax on "Pulmonary Tuberculosis." Will the members of this Alumnae Association upon changing their addresses please notify the secretary? She will also esteem it a personal favor if news items of general interest are sent to her address.

NEW YORK.—The regular monthly meeting of the Alumnae Association of the New York Hospital was held in the lecture-room November 11. There was a large attendance, and a noticeable feature was that nearly half the number were those in hospital positions. Miss Mary A. Samuel is the newly appointed secretary to serve for the unexpired term of Miss Alice MacDonnell, resigned. Misses Goodrich, Clarke, and Frederick were reappointed a committee with discretionary power as to the forming of a county association for nurses. The resignation of Mr. Geo. S. Bowdoin from the Advisory Board and as trustee of the "Fund for Sick Nurses" was accepted with much regret. Mr. Herman H. Cammann was unanimously elected to fill both offices.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnae was held Tuesday afternoon, November 3, and was very well attended. A letter from the Woman's Auxiliary of the hospital was read announcing that on January 1 the position of superintendent of the school would be filled by Miss Mary Ard MacKenzie, a graduate of the University of Toronto and the Massachusetts General Hospital. After the business meeting matters in regard to the Fair were discussed with great interest. This Fair will be held in Cleremont Hall November 19 and 20, and it is earnestly urged that all the graduates interest themselves in it not only by attending the Fair, but in contributing to it articles for sale.

PITTSBURG.—At the annual meeting of Allegheny General Hospital Nurses' Alumnae Association, held at the hospital November 2, the following officers were elected for the ensuing year: President, Miss Maude Brown; vice-president, Miss Sara Trimble; treasurer, Miss Helen Hendrickson; recording secretary, Mrs. O. V. Dalzel; corresponding secretary, Miss Isabel Chaytor. The meeting of the Superintendents' and State Associations in Pittsburg in October seems to have aroused a little enthusiasm in some of our members, who have heretofore taken no active part in our association, and the prospect for interesting meetings this year seems to be very favorable.

BOSTON.—The ninth annual meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses was held in the Thayer Library on Tuesday, October 27. Thirty-eight members answered to the roll-call and fourteen new members were elected. The suggestions of the Committee on Plans for the winter were carefully considered and adopted as follows: The Alumnae Association will give a dinner to the graduating class, will hold every other meeting in the evening, will have one lecture on current events, and one theatre party. Refreshments were served and the social part of the meeting very much enjoyed.

CINCINNATI.—The regular monthly meeting of the Graduate Nurses' Association was held at the City Hospital the last Wednesday in October. Interesting reports from the meeting of the Superintendents of Training-Schools in Pittsburg and from that of the Hospital Superintendents, held the week previously in Cincinnati, were read. An animated discussion upon State registration followed, and it was decided that the call for a general meeting for Ohio nurses to discuss this subject be sent out by the Graduate Nurses' Association of Cincinnati in the near future.

SOUTH BETHLEHEM, PA.—The annual meeting of the Alumnae Association of St. Luke's Hospital Training-School for Nurses was held at the hospital on October 17 at two P.M., twelve members being present. After the routine work had been completed and the election of the officers for the ensuing year, seven of the graduates, having applied for membership, were admitted as active members. The meeting then adjourned to attend the graduating exercises held in the new Sayre Pavilion. At five o'clock the alumnae entertained the graduates and their friends at a social tea.

BOSTON.—The Boston Nurses' Club, 755 Boylston Street, had a very enjoyable Hallowe'en party. The orthodox cake, with its ring, button, thimble, and coin, afforded much amusement. By ways ancient and modern we tried to rend the veil of the future and find what fate holds in store for us. The cordial greetings of the Entertainment Committee, the pretty decorations, the cheery music, and old-fashioned supper gave the seventy present some fragrant chips for "The Winter's Fire." The club looks forward to a pleasant and profitable season.

BROOKLYN.—The regular meeting of the Alumnae Association of the Long Island College Hospital Training-School for Nurses was held at the registry on Tuesday, November 10, the president in the chair, and a very large number of nurses were present. Two new members were received into the association.

A revision of the constitution and by-laws was read over, to be adopted at the next meeting. At the close of the business meeting a very interesting paper was read by the president on the subject of State registration for nurses.

CLEVELAND, O.—The Graduate Nurses' Association of Cleveland held its regular monthly meeting on Tuesday, October 27, in the Young Men's Christian Association building. There was considerable discussion as to the formation of a central registry bureau, and Dr. Dudley P. Allen addressed the society upon the topic. The matter was referred to a committee with instructions to report at the next meeting, the nurses chosen being Misses Sutherland, Lewis, and Wright.

CHICAGO.—The monthly meeting of the Alumnae Association of the Illinois Training-School for Nurses was held October 13, 1903. The question of the Alumnae Association holding stock in THE AMERICAN JOURNAL OF NURSING was discussed. The result was to vote five hundred dollars to be invested in five shares of JOURNAL stock. The plea for greater consideration for alumnae officers, made by Miss Isabel McIsaac, was most worthy of note.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Presbyterian Hospital in Philadelphia was held November 5, at three P.M., in the hospital. There were sixteen members present. Miss Milne, the president, called the meeting to order. After the routine business of the meeting Miss Close, delegate to the Pennsylvania State Nurses' Association, read her report. A discussion of State registration followed.

NEW YORK.—At the annual meeting of the German Hospital, held on November 4, the following officers were elected: President, Miss Frances Grabon; first vice-president, Miss W. Augenstein; second vice-president, Miss Bertha Rahn; secretary, Miss Mathilde Hayn; assistant secretary, Miss Emilie Hayn; treasurer, Miss J. Kritznier; Executive Committee—Miss Emma Dunsing, Miss Dora Maiz, and Miss Alice Hutmacher.

WASHINGTON.—The Garfield Memorial Alumnae was entertained on Wednesday, October 7, by Miss Paxton, of the Columbian University Hospital. At the first regular meeting held at the hospital Dr. Llewellyn Eliott gave a very interesting talk on smallpox.

PHILADELPHIA.—The regular meetings of Camp Liberty Bell are held on the first Friday of each month from October to June at three in the afternoon at the Carlisle, 425 South Carlisle Street. All Spanish-American War Nurses are cordially invited.

CORRECTION.—The name of Miss Vena Richmond was omitted in the list sent the secretary of those attending the meetings of the Spanish-American War Nurses in San Francisco.

ERRATA.—On page 104, paragraph 4, read "Miss Reiba Thelin."

BIRTHS

IN September, to Mr. and Mrs. Jefferson Norris, of Baltimore, Md., a daughter. Mrs. Norris was Miss Martha Cabell Perkins, of Virginia, graduate of the Johns Hopkins Training-School, Class of 1897.

MARRIED

THE following graduates of the Presbyterian Hospital in Philadelphia, Pa., have married during the past four months:

August 3, Miss Matilda Dunlap, Class of 1897, to Mr. Cyrus H. Mellinger. Mr. and Mrs. Mellinger reside in Harrisburg, Pa.

August 3, Miss Anne B. Miller, Class of 1898, to Mr. William S. Wilson. At home at 3740 Filbert Street, Philadelphia.

August 6, Miss Elizabeth A. Milliken, Class of 1900, to Mr. Clifford A. Morton. At home at 287 New York Avenue, town of Union, N. J.

At McKeesport, Pa., September 30, Miss Mary C. Herbertson, Class of 1899, to Mr. Thomas A. Robertson.

On October 21, Miss Rachel E. Woodburn, Class of 1899, to Mr. William P. Du Bois. At home after January 1 at 114 Walnut Street, Haddonfield, N. J.

At Bridgeton, N. J., October 28, Miss Alice Potter, Class of 1903, to Mr. Charles T. Elliott. Mr. and Mrs. Elliott will reside in Plainfield, N. J.

IN Spokane, Wash., October 7, Miss Ida Lyndon Foster to Mr. Walter MacHenry Olive, of Mission, Wash. Mrs. Olive is a graduate of the Class of 1901 of the Newport Hospital, and has been for the past year superintendent of St. Luke's Hospital, St. Louis, Mo. Mr. and Mrs. Olive will reside in Mission, Wash.

IN October, in New York City, Miss Elizabeth Wirt Goldsborough Baker, of Pass Christian, Miss., to Dr. Richard Foster Rand, of Connecticut. Miss Baker is a graduate of the Johns Hopkins Training-School, Class of 1902.

IN Boston, on Thursday, October 1, 1903, Miss Aimee Vibber, graduate of the Massachusetts Homœopathic Hospital, Class of 1896, to Dr. Frederick Marshall Parker. Dr. and Mrs. Parker will live in Colchester, Conn.

IN Santiago de Cuba, on October 7, 1903, Miss Adelaide French Gräfung to Mr. Edward D. Stegall. Miss Gräfung was for two years night superintendent of the Civil Hospital, Puerto Principe, Cuba.

ON October 14, in Baltimore, Md., Miss Mary Carey, of Baltimore, to Dr. Henry Baetjer, of Winchester, Va. Miss Carey is a graduate of the Johns Hopkins Training-School, Class of 1902.

OBITUARY

AT her home in Glenview, Ill., September 7, 1903, Miss Jeannette Ward, graduate of the West Side Hospital Training-School of Chicago, Class of 1901. Cheerful and conscientious, with brightest prospects for a long and useful life, her death, which was entirely unexpected, left many to grieve for the kind friend, the faithful nurse, and the loving daughter and sister. After giving, perhaps, too devoted care to a very sick patient and leaving him convalescent, she herself was stricken with typhoid fever. She was a member of the Western Avenue Methodist Episcopal Church, of Chicago.

"WHEREAS, God has removed from her chosen work a most esteemed member of the West Side Hospital Training-School Alumnae Association:

"*Resolved*, That we, the members of the association, extend our heartfelt sympathy to her father, brothers, and sisters, and particularly to our sister nurse, Miss Eva M. Ward.

"*Resolved*, That a copy of these resolutions be sent to her family, recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

" ELLA M. BELL,

" AMELIA E. GRAESSLE,

" CORA A. MATHIS,

" Committee."

It was with deep regret that the Alumnae Association of the Massachusetts Homœopathic Hospital learned of the death of Mrs. C. R. Gates, *née* Marietta Leadbetter, of the Class of 1901, at her home in Queens County, Nova Scotia, September 20, 1903, having been married but little less than a year.

At the Albany Hospital, N. Y., on October 28, of typhoid fever, Miss Florence Dorval, of Whitehall, N. Y. Miss Dorval was a pupil in the Training-School and a young woman of much promise.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



A GERMAN TRAINING-SCHOOL FOR HOSPITAL MATRONS

MENTION has been made in these pages of a German course of preparation for nurses wishing to fit themselves for hospital management which was in some respects similar to the special course at Columbia College. While in Munich, having had the opportunity of meeting Fräulein von Wallmenich, or, as her official title reads, "Frau Oberin von Wallmenich," the accomplished head of the Red Cross Hospital of that city, fuller information was gained respecting this course, which so plainly proves that, on the whole, the same causes are everywhere at work producing the same results of more highly specialized education in nursing.

The course differs from that at Columbia in *not* being open to nurses in general. It is limited to those graduates of the Red Cross hospitals who show special fitness and who intend remaining in the service of the Red Cross. It is, in fact, planned for the greater improvement of Red Cross hospital work alone by giving special advantages and experience to the women who are to become the future heads and managers of these hospitals. The "regulations" kindly placed at our disposal are, rather freely translated, as follows:

"REGULATIONS FOR THE SCHOOL FOR PREPARING RED CROSS SISTERS FOR POSITIONS OF OBERIN (MATRON) IN THE RED CROSS HOSPITALS.

- "1. The Central Committee of the German Red Cross Society (that is, the committee representing the whole empire.—Ed.) has concluded an agreement with the Woman's Red Cross Society of Munich by which a training for the position of matron has been arranged in the Munich motherhouse under the direction of Frau Oberin von Wallmenich.
- "2. This school for matrons undertakes to educate women who are already trained sisters in such definite lines as will fit them to take charge of motherhouses (viz.: centres for the training and controlling of a body of nurses.—Ed.) of the Red Cross.
- "3. The sisters admitted to this course shall be of good family, shall possess a good general education, and shall have served at least two years as sister (*i. e.*, fully trained or graduate nurse.—Ed.).
- "4. Inquiries as to the course are to be made of Sister Clementina von Wallmenich, Red Cross Hospital, Munich. Necessary testimonials will be the birth certificate, physician's certificate, testimonials of education and of former work as sister, and a short personal history, as well as a written agreement to give, after the completion of the training, at least three-years' service in a hospital of the Red Cross or to refund the cost of the course (about seventy-five dollars.—Ed.).
- "5. The course of training lasts for five months and is without cost. It ends with examination and diploma. The students will live in the Munich mother-

house and observe the rules of the same, but no ordinary duties shall be required of them.

- "6. The course is under a committee, one member of which shall be a member of the Central Committee of the German Red Cross (with others designated.—Ed.) and one shall be the Oberin herself.
- "7. The training comprises the three divisions of duty of a matron, viz.: I., oversight of nursing work and the care of patients; II., general hospital management; III., selection, education, and discipline of the nurses. It consists
 - "a. In practical instruction, which is offered by the notable management of the Munich hospital, a modern, thoroughly equipped institution with one hundred and fifty beds and three operating-rooms; a central home with one hundred and fifty-eight qualified sisters and thirty pupils, who, besides the work of the motherhouse, are sent to fifty-three outside institutions and work centres, district nursing, obstetrical nursing, etc.
 - b. In systematic critical conferences over furnishings and appliances, arrangements, and instruction and rules relating to the service and personal conduct of sisters.
 - c. In theoretical instruction in ethics, pedagogy, principles of general management, scientific and hygienic construction of hospitals, principles of dietetics, the poor-laws and old-age-and-pension laws, in business methods of bookkeeping, and in the French and English languages.
 - "d. In thorough instruction in cooking and housekeeping, partly in the institution kitchen and partly in a large cooking-school.
- "8. The examinations are held before the local committee. The diploma is given by the German Central Committee.
- "9. (Regulation providing for dropping those who do not show sufficient grasp.)
- "10. (Further regulations as to time of admission, etc.)"

On the tenth anniversary of the Munich motherhouse in 1902 Sister Clementina spoke of the growth in all branches of work, and of this newly concluded undertaking to train executives. Among the pupils at that time were those who were destined to conduct large motherhouses in Dresden, Strasburg, Coburg, and Quedlinburg.

THE PROGRESS OF NURSING EDUCATION IN FRANCE

AT the third National Congress of Public and Private Charities in France, which was held several months ago in Bordeaux, four reports on the "Professional Instruction and Position of the Nursing Staff of Hospitals," three of which had been drawn up by men, one a physician and two laymen, apparently directors and hospital inspectors, were presented. The fourth was read by Dr. Anna Hamilton, who vigorously scores the reports of the men in a summary sent to the *British Journal of Nursing*. Her criticisms, part of which we give, shed a pitiless light on the condition of French hospitals. Her own report, which we will give in a later number, shows the remedy so plainly that one must wonder there can be two minds on the question. She says:

"REPORT OF MONSIEUR E. OGIER, INSPECTOR GENERAL DES SERVICES ADMINISTRATIFS DU MINISTERE DE L'INTERIEUR.

"This gentleman, who does not seem to have any practical experience of hospitals in France and abroad, maintains that, though schools for nurses have

been opened in Lyons, Rouen, Montpellier, Havre, Saint Etienne, Nancy, Bordeaux, it has not been possible to get the better kind of pupils, such as those that English schools recruit.

"The lectures have been attended by the nurses belonging to the hospital staff, the 'infirmiers' (coarse male and female ward servants); but though small scholarships have been offered to outsiders, they have not come forward, and this leads the writer to the conclusion that nursing is too objectionable a career, morally and materially, for nice girls to take it up—they will always rather turn governesses.

"But Monsieur Ogier does not consider that these so-called nursing schools are quite different from the English ones; they only consist of a course of lectures given by doctors or students, a theoretical medical teaching from which the nursing is quite absent. One has heard in one of these 'schools' a clever surgeon explaining in the minutest details the theory and construction of the thermometer, and never mentioning all the practical and useful details as to the way of taking the temperature! Of course, pupils living in town and attending such lectures once or twice a week, and called up for examination after six months, cannot know much of nursing. Sometimes they have been allowed to enter the hospitals, but only whilst the visiting physician goes round his ward—and that has been called 'hospital training' and supposed to be practical work! Doctors as well as hospital guardians seem to think that future nurses have to be taught like future doctors, and therefore suppose lectures and walking the hospitals the most desirable plan for them. They entirely put aside the most important requisite, that able nurses should train the probationers. Therefore nurses who have attended lectures and their common lay helpers remain just as ignorant as to the real nursing knowledge they ought to obtain, though in many of these schools they have passed the examination and obtained a diploma!

"The report brings forward many statistics showing, for instance, that at Montpellier the nursing school has recruited two hundred and ninety-seven pupils from 1898 to 1902, and that sixty-three diplomas have been delivered, and yet the nursing staff is not improved. I once witnessed such an examination for the diploma, and wondered who was to be pitied most—the candidates or the professors; anyhow, it was dismally ludicrous.

"The conclusions of Monsieur Ogier are that perhaps if the nurses were paid more a better kind would be obtained; he also proposes that they should no longer be considered as servants, and that their dormitories should be improved; finally, that they should not be liable to be suddenly dismissed by the guardian in charge,* like the servants, and that pensions should be provided for them.

"REPORT OF DR. J. M. DURAND, PHYSICIAN OF THE BORDEAUX CIVIL HOSPITALS.

"In this report the writer declares that, knowing little about other hospitals, he will only describe matters as they are at Bordeaux.

"He says that nurses here go around with the visiting doctor, report to him about the patients, listen to his prescriptions, see that they are attended to, take temperatures, manage all the housekeeping, and go round every two hours to see if the patients want anything, therefore are the only nurses.

"But to my knowledge this is how matters really stand: Nurses keep well

* "The guardian in charge, or 'Administrator'de Service,' changes every week or fortnight, according to the custom, which may differ from one town to another. He rules entirely during his time, and has nothing to say afterwards—a most awkward, unsatisfactory arrangement, as each guardian has his own peculiar ideas as to hospital management.

out of the group of medical students crowding round the bed, mostly knitting or looking elsewhere. The doctor's prescriptions are written down by one of the 'externes' for the chemist in the 'cahier de visite;' the mixtures, pills, etc., are brought hence from the 'pharmacie' and laid on the shelf at the head of each bed. Once there, the patient can take his medicine, sipping from the bottle an unknown amount, and so often or seldom, or not at all, as he chooses. The temperatures are taken by the 'externes,' coming twice a day to the hospital in the wards where the visiting doctor is particular; by the nurses otherwise, thrusting the thermometer in the bedclothes with no other care.

"When the visiting doctor wants information about the patients he inquires from the 'internes' (medical students in their third or fourth year. They live in the hospital and are paid, and look after the patients, doing much of real nurses' work) or asks the patient himself. The 'internes' are responsible for their wards and sole masters when the 'visiting' is not there. They can come in at any time, day or night, find fault if they choose to do so, examine patients how and as long as they want. I saw one strip a girl's chemise off and oblige her to lie naked on her bed in full view of all the ward, so that he might more conveniently study the kind of skin disease she had—no screens, of course, they do not exist. She begged and struggled not to be thus exposed, but he declared her temper was bad, and to punish her did not hasten over this revolting proceeding. The nun was somewhere about, but kept out of the way.

"Moreover, the nuns are fettered by regulations which prevent their ever becoming adequate nurses. For instance, I once heard a lecturer turn towards the male group of listeners to explain how to give vaginal douches, and to put the patient in the obstetric position, etc., because the Daughters of Charity Vincent de Paul (the most popular of hospital nuns), sitting on the other side, were not allowed to give such improper care to the patients. It appears incredible, but it is a fact, that patients who undergo gynæcological operations are shaved by those coarse, vulgar men-servants or by the young students. . . ! Nuns consider it sinful, and Heaven knows all the wickedness that has been the consequence of their absurd prejudice. I have often seen these men-servants giving douches in the theatre, carrying half-naked patients and coarsely joking . . . though the nun at a distance could see and hear!

"They seem to be ever busy counting clean or dirty linen. They adorn the altars in the ward with all kinds of paper flowers and laces, straighten counterpanes (though the beds are seldom made), and look after the general orderly appearance of the ward. But cupboards, closets, back passages, even underneath the altars they are so proud of, you find dirt, disorder, all kinds of refuse, and infectious encumbrances. But the linen-room seems to be one of the aims of their lives, and they spend months folding in the most complicated and varied ways the hospital linen, till the linen-room seems to be an exhibition of all possible designs, where you would be at a loss to distinguish a shirt from a towel.

"But nightwork is the worst; for instance, the big St. Andrew Hospital, which numbers from seven hundred to nine hundred patients, has only two nuns in attendance during the night, from eight P. M. to five A. M., one on the male side with an infirmier, and one on the female side with an infirmière, and they go about, passing only twice through the same ward—for there are many of them. The wards are locked (the windows are barred) and the patients have no means of calling for outside help. And to allow the nuns to go around more quickly, a piece of cardboard with a capital 'R' (meaning 'recommended') or an 'A' (mean-

ing 'administered'*) is pinned at the foot of the bed, so that the nun can stop to see if the patient wants anything—or is dead, in which case the body will have to be removed at five A. M. Thus you see in the mortuary rooms bodies showing, by the position in which they have stiffened before their death was noted, what pain, despair, and want of a merciful hand they have suffered in their agony!

"The report explains that the infirmiers and infirmières (lay nurses) are only servants, in fact, as they have to attend to the heating and lighting of wards, the making of beds and cleaning wards, water-closets, and spittoon-cups, and other work which ought not to be done by nurses. To say the truth, these coarse servants are called upon to do many more things for the patients—all kinds of irrigation, minor dressings, changing clothes, etc. They always give bed-pans, enemas, and get tips that vary for all these attendances, as also for bringing water to wash, and for combing the patients. It is commonly said that combing and enemas cost ten cents each, the bed-pan four, the basin of water two. Nuns know it, but they say it is impossible to prevent this abuse, and when patients are too poor to pay—well, they wash with their lemonade or remain dirty and their hair awfully entangled. A white cap is poised upon it when visitors are expected or when they are sent to the operating-theatre; it soon gets knocked off, and the hair which has not been plaited is everywhere.

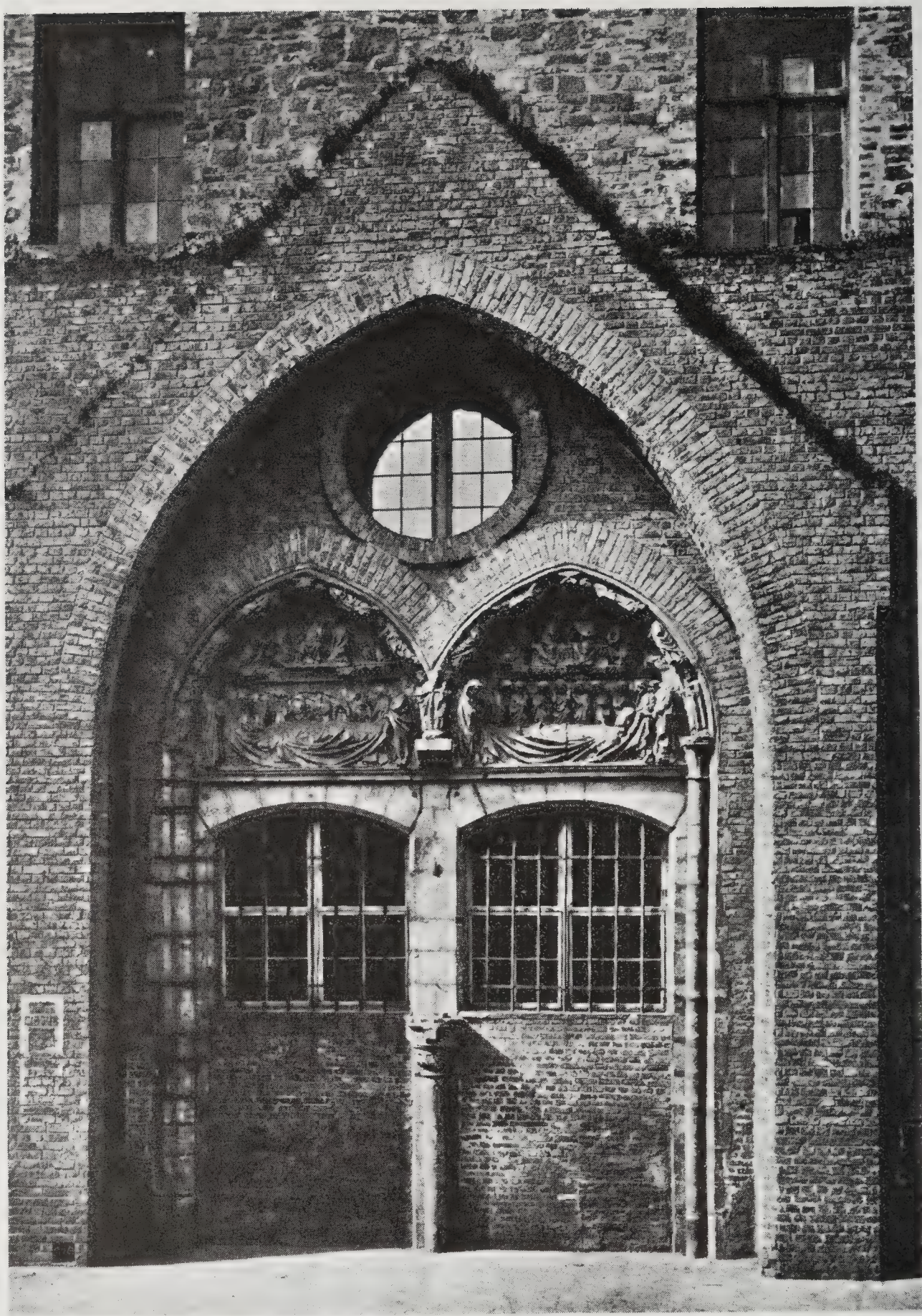
"The report declares, though, that the lectures which the nuns have attended for a few years have had good results (? ?) and that it is now a year since a real school has been established (? ? ?) under the direction of a 'professeur Agrégé de la Faculté.' To my knowledge it is another sample of the established error—lectures and no training.

"But Dr. Durand proposes some improvements as to the lay nurses: that they should no longer be mixed with the other servants; that they should be obliged to attend the lectures regularly and pass examinations every now and then; that there should be three divisions for them, and that they should be made to pass from one to another according to the marks given by the visiting doctor. He, however, will not hear of a diploma or certificate being given to the hospital staff or pupils from outside attending the lectures. He considers that the nurses should be allowed to lodge in the town so as to enable them to marry, thus facilitating applications. Finally, a pension ought to be granted them after twenty-five years' service and sixty years of age.

"He then takes up the Prime Minister's 'Circulaire' on nursing schools, and again vehemently opposes the diplomas as being likely to induce nurses to practise medicine unlawfully or give a right to those who, having attended lectures, will set up as nurses many years after having forgotten all they knew. He also thinks that nurses belonging to a hospital staff would, on getting the diploma, expect to get the better posts, even if they prove perfectly unbearable to all concerned, and might go to law against doctors and guardians if they did not obtain the positions they considered it their right to have. He also thinks it dangerous to give diplomas for nursing, as it may, by and by, give a special right to some to nurse and withhold the right from others. Then he strongly objects to women nurses in male wards, and thinks experience will prove how impossible it is to have them.

"To those accustomed to the very simple, practical, and logical plan of training in English schools, the criticisms and fears expressed in this report will seem quite strange. But the reader must know that all over France there is the

* Administered means that the patient has been through the obligations of the Church, and may die without further trouble.



WINDOW OF OLD PART OF BUILDINGS, ST. JOHN'S HOSPITAL, BRUGES

same absurd plan for 'training' nurses—medical lectures, which induce the pupils to practice medicine rather than nursing, which they have not learnt!"

According to Dr. Hamilton's account, conditions in the French hospitals must indeed be hideous, and, with the example of English, Dutch, and German trained nurses right at their doors, we must think that the real explanation is to be found in deep-rooted professional heartlessness and jealousy of woman's work on the part of medical men in France, rather than in the mere ignorance and subordination of religious nursing orders.

LETTERS

BRUGES.

If any nurse wishes to see an ancient and historical nursing order exactly as it was in the Middle Ages still at work in an institution of venerable antiquity, where beautiful architecture, quaint old buildings, and a most charming old-time garden form the setting for hospital wards of fairly modern type, let her not fail under any circumstances to go to Bruges and visit the Hospital of St. John, under the care of the Augustinian order of Catholic sisters, where the sweet side of religious nursing may be seen. It is a most fascinating old place, hidden away from the world behind high stone walls and the partly ruined remains of old church buildings, carved gateways, and stone corridors. Inside to the left is the oldest part of the buildings,—over seven hundred years they have been standing,—once the hospital but now serving as the cloisters where the sisters live. This ancient part is composed of long, slightly curving corridors two stories high; on one side the corridor looks upon the gardens and on the other it opens into small rooms. Spotless cleanliness, bare board floors, and fresh, soft-tinted plaster characterize the place now—whether it was so seven hundred years ago one cannot tell. This part is separated by a large garden space from the central buildings, which contain the famous art treasures which are the property of the old hospital, and beyond this again is still more garden before one comes to the new hospital buildings, which were erected some fifty years ago.

These are on the pavilion plan, opening on a connecting corridor which traverses three sides of a large square; the fourth side, also corridor, connects with the sisters' quarters and gives access to the outer gateway. This square is simply one lavish bower of green. Trees, grass, flowers, and vines make the place look like a dream, and it is used for the recreation of the patients, who reach it from the corridor.

Outside the wards are large vegetable and fruit gardens, grape-vines, and flower-beds, reaching finally to the old stone wall which surrounds the whole place. A lovelier spot in summer could hardly be imagined.

The wards are ten in number and hold twenty-four beds each. They were bare and plain but very clean, the ventilation good, and the air fresh, although the beds were very close together. The beds and small tables were of wood, clumsy and plain, and the bedspreads were of dark-colored calico, while each bed had its set of rods and of old-fashioned dark calico bed-curtains. Modern science had exacted enough plumbing and drainage to make everything quite satisfactory from the working standpoint (and they showed us all their closets and corners), although homely and plain.

There was an atmosphere of peace and serenity, and the patients looked content. The men patients smoked on their corridor, and the women had their little belongings about their beds. The whole place had a home-like feeling, and though the work may not have been up to the modern idea in many ways, one

could not but feel that the patients were kindly treated. The sisters had kind, good faces, and several younger ones seemed to be flying about and working diligently. No medical school is connected with this old hospital, and "orders" are probably of the simplest.

Mrs. Fenwick and I, who went about together, both agreed that there was something very lovely and consoling about the religious sister, and that, if she could only have the *knowledge*, combined with her sweet seriousness and freedom from modern flippancy and brusqueness, she would be quite perfect.

The dress of the St. John Sisters is very picturesque; it is a coarse serge of ivory color, and when on duty this is turned up over a black petticoat. A large, dark-blue gingham apron is worn over this, and removable oversleeves of ivory serge. There is a black stole, and the white linen cap has very stiff, wide wings, and thrown over these a thin black gauze veil.

In the old City Hall there are some paintings showing scenes of the fifteenth century, and in one a Sister of St. John is seen in this precise dress, except that she has not the dark-blue apron or oversleeves on.

The pharmacy of this old hospital contains treasures of wood carving that make one quite miserable with envy—medicine-chests and sideboards covered with most wonderful carvings of old-time hospital scenes. The pharmacy is in charge of a sister who is a skilled pharmacist and a very dignified and imposing woman.

To the world in general the hospital is famous for its art treasures, which attract there hundreds of tourists. Grant Allen, in his "Cities of Belgium," refers to it thus:

"The Hospital of St. John, one of the most ancient institutions in Bruges, or of its kind in Europe, was founded not later than 1188. . . . It derives its chief interest for the tourist from its small picture-gallery, the one object in Bruges which must above all else be visited. This is the only place for studying in full the exquisite art of Memling, whose charming and poetical work is here more fully represented than elsewhere. . . . Many of these pictures were painted for the institution, which they still adorn, so that we have here the opportunity of seeing works of mediæval art in the precise surroundings which first produced them. . . . Hans Memling . . . was born about 1430. . . . The hospital possessed an important relic of St. Ursula,—her arm,—and about 1480-90 commissioned Memling to paint scenes from her life on the shrine destined to contain this precious deposit. The chest, or reliquary, which he adorned for the purpose forms the very best work of his lifetime."

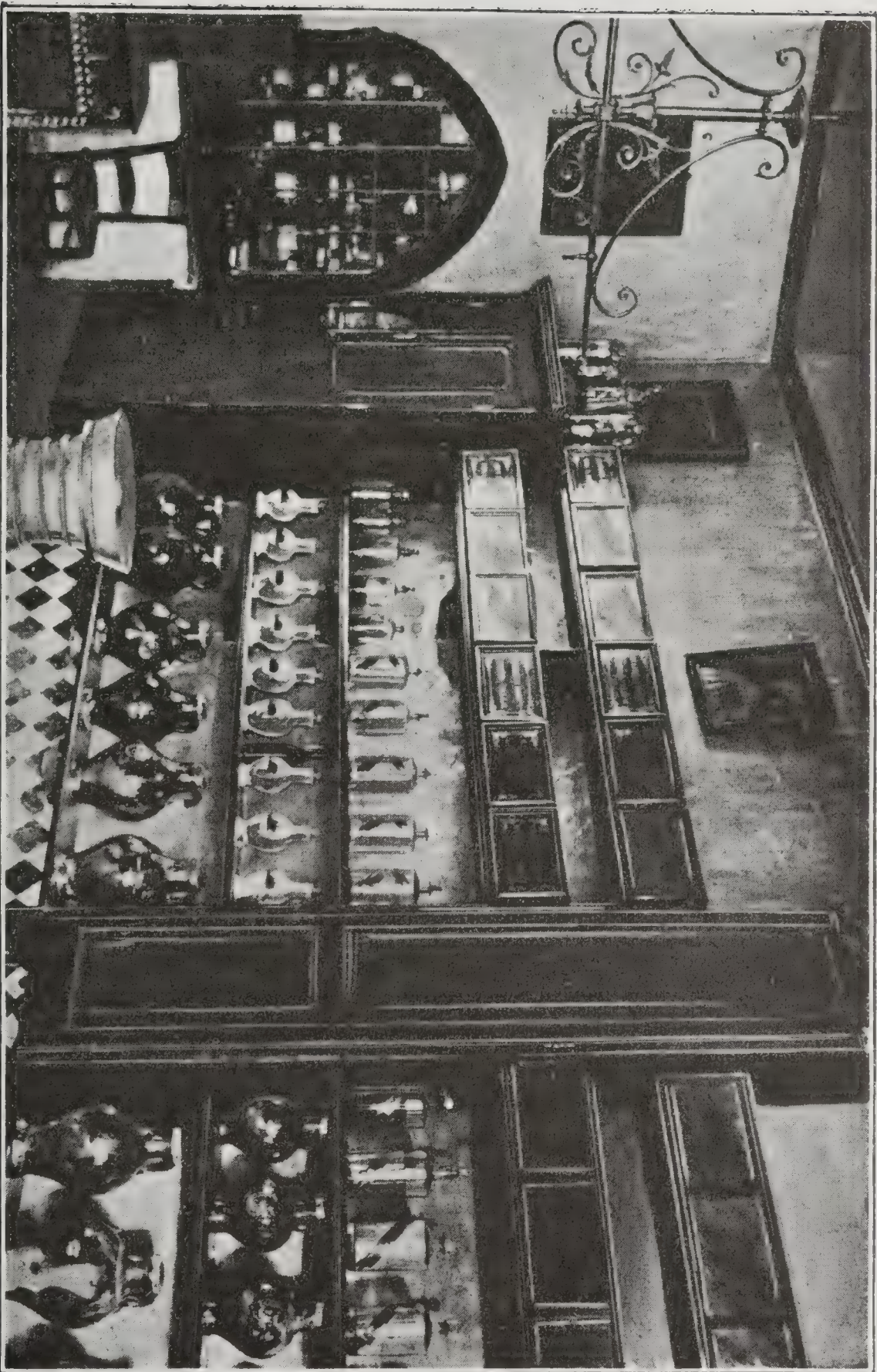
Grant Allen does not say, but one of the sisters told Mrs. Fenwick and me, that Memling had been a patient in the hospital, and after his recovery made this exquisite painting through gratitude.

In another picture of Memling's in the hospital, the "Adoration of the Magi," a figure is represented as looking in a window at the scene, dressed in the same dress and yellow cap worn to-day by convalescents in the hospital.

L. L. D.

EXTRACTS FROM MISS BUTCHER'S LETTERS FROM SHAN-SI, INDIA

"We have our meals very oddly divided here, so that when you give a medicine 't. i. d.; p. c.," I do not know when you would give it. The natives have only two meals (when they can afford as much as that). We have 'little breakfast' when we get up, breakfast at eleven, tea at four, and dinner at seven-thirty. . . . Dr. Ernst was called to see a patient in the city and I went with her. We found a girl of sixteen, dying of consumption, in a room about six



THE PHARMACY IN ST. JOHN'S HOSPITAL AT BRUGES



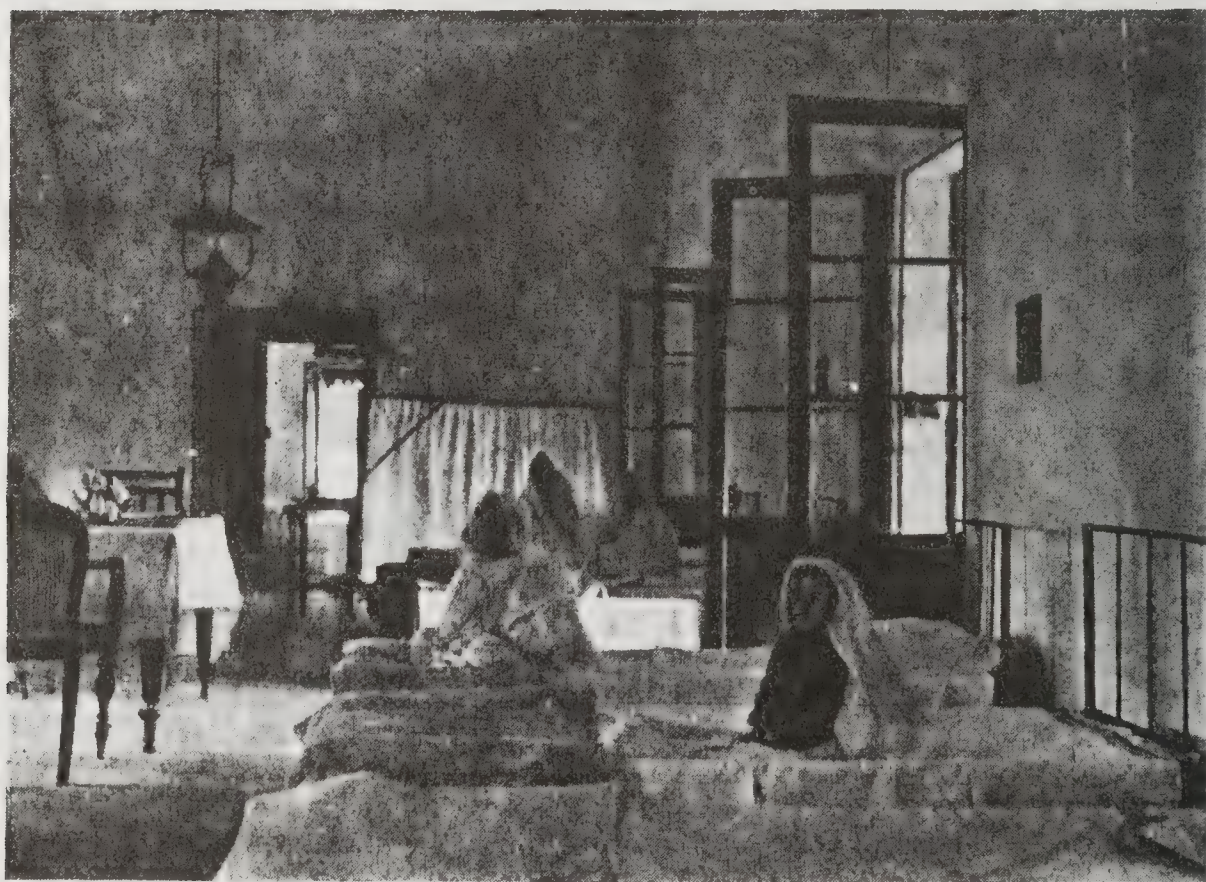
THE MARY ACKERMAN HOYT MEMORIAL HOSPITAL, SHAN-SI, NORTHERN INDIA



RESIDENCE OF DR. ROSE FAIRBANK, DR. ALICE ERNST, AND
MISS ETHA BUTCHER, NURSE IN CHARGE
Hoyt Memorial Hospital, Shan-Si, Northern India



OUR BIBLE-WOMEN AND SCHOOL-TEACHERS, SHAN-SI, NORTHERN INDIA



A WARD IN THE HOYT MEMORIAL HOSPITAL, SHAN-SI, NORTHERN INDIA

by ten feet, with *no* window. I have no idea how many other people were in the room, and she was so covered with blankets that we could not see which was head and which foot. Dr. Ernst started to draw away the clothes at the foot end because it was a little higher. I had been wondering where the woman's head was, and she hit upon the end I would have chosen. Medicine was sent her for three days, but she took it all in one day. What India needs is a system of district nursing, but at the present rate it will be many a long day before there are nurses to spare in India for that kind of work. . . .

"I do very little nursing myself yet, as my first year is supposed to be devoted to languages. I go to the hospital every day, but only for a little time unless some big operation is on hand. There is only one Eurasian nurse, but she is well trained *for this land*: she oversees things in the hospital, is compounder in the dispensary, and is called if needed at night. We have five native girls 'in training,' though the Training-School is not really under way yet. Dr. Fairbank teaches them English, mathematics, etc.; she gives lectures in hygiene, Dr. Ernst in anatomy and physiology, and I demonstrations in practical nursing. I enclose some prints to show you how we look. . . .

"The dispensary is open every morning except Wednesday and Sunday: Wednesday the doctors reserve for operation day. We have only eleven patients in the hospital just now, but lately had nineteen and were really very busy. The present cases are carcinoma, hernia, fistula, abscess, hip disease, and syphilis. Nearly all our patients have the last disease, with or without something else. We recently lost a little girl who had an immense ovarian cyst removed.

"A patient left this week whose nose had been cut off by her husband. Dr. Fairbank brought her up a new one from her cheeks, and while it was not so handsome as the one she lost, it was a great improvement on the hole in her face with which she came to us. She began to learn to read while in hospital, and we sent some tracts and Gospels home by her which we hope she will use among her friends, as she comes from a native State near here where there is no Christian work at all.

"We have to allow the people their native food, of course. At first Dr. Fairbank was afraid to give sick people rice and curry and the native bean, but she found it agreed with them and they refused other things. Those on 'liquid diet' have milk, suji, sago, etc. As the Hindoos do not eat eggs, that eliminates one important item. We have a Brahman cook, so that high-caste patients may be able to eat our food.

"Most of the fever here is malaria: there are several other sorts which no one knows much about, but typhoid is rare among the natives. We can get ice on occasion during the hot season—not during cool weather. We have an Arnold sterilizer which we *boil* over a charcoal stove. All milk has to be boiled

"Almost everyone in this land has bad eyes sooner or later. The babies born in the hospital since I came have *not* had trouble while they stayed with us. . . .

"On Sundays we go to the Hindostanee Presbyterian church in the native city in the morning, and in the evening to the Wesleyan service held in the Railway Institute by the chaplain of the regiment here. There is quite a population of English officials, civil, military, and railway, in the station, and we have a good many American magazines and papers. . . . Letters from home are most welcome in this far-away land. We have only one foreign mail a week, and the suspense for an hour or two before it arrives is *harrowing*. . . . Remember me to all friends."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 11, 1903.

BEGG, NOBAH, graduate of the Paterson General Hospital, Paterson, N. J., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Craig, Mary E., transferred from Fort Bayard, N. M., to duty at the General Hospital, Presidio, San Francisco.

Hall, Mrs. Mary B., under orders for duty at Fort Bayard, N. M., after the expiration of her leave.

Macaulay, Margaret, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Mason, Edith A., transferred from the General Hospital, San Francisco, to duty on the transport Sheridan en route to the Philippines for duty in that division.

Reynolds, Katherine, transferred from the First Reserve, Manila, to duty at the Base Hospital, Iloilo, Panay, P. I.

Snell, Cora Lucretia, transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

St. Cloud, M. Inez, graduate of the Augusta Hospital Training-School, Augusta, Ga., appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Storry, Frances B., transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

Weber, Eva Dora, transferred from the General Hospital, Presidio, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.



THE CLINICAL THERMOMETER IN POESY.—Truly it is given to the poet to find "tongues in trees, books in the running brooks"—and poems in fever charts. One of the newly published poems of Rudyard Kipling, "The Parting of the Columns," deals with the farewells of the soldiers who had fought side by side in the Boer War.

"There isn't much we 'aven't shared since Kruger cut and run,
The same old work, the same old skoff, the same old dust and sun;
The same old chance that laid us out, or winked an' let us through;
The same old Life, the same old Death. Good-by—good luck to you!

"Our blood 'as truly mixed with yours—all down the Red Cross train,
We've but the same thermometer in Bloemingtonphoidtein;
We've 'ad the same old temperature—the same relapses, too,
The same old saw-backed fever chart. Good-by—good luck to you!"

—*New York and Philadelphia Medical Journal.*

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

November 11, 1893.

DEAR EDITOR: By the gracious act of the Legislature of the State of New York we have the title "Registered Nurse," and none too soon.

I had occasion recently to visit an intelligence office in search of a cook. Outside of the most dingy office of this kind was the largest of blue signs, with the most flaring white lettering, which read, "Male and Female Help supplied to families and institutions. *Trained Nurses.*" Crossing the street to see what was within, I saw on another large sign just at the entrance, "Wanted, dishwashers, \$00.00; potato peelers, \$00.00; chambermaids, \$00.00; sidewalk cleaners, \$00.00; scrub women, \$00.00."

There were no trained nurses "wanted" at any price. Deciding to investigate to what extent the public were being swindled in this instance, I went up dirty, narrow stairs to the second floor, and there found seven or eight serving-men, some negro, some white, lounging and smoking, and had concluded to retreat when the sight of one woman in a distant corner gave me courage to continue. Just then the proprietor came forward, bidding me welcome. Even after years of experience in district work I quailed at the idea of entering the room.

A talk with the proprietor in the doorway gave me the information that "pay" varied with the family—a sliding scale, as it were; that "pay" in institutions was much smaller, and that if I would leave my name and he secured me a "place" he would expect to receive ten per cent. of the first month's "pay."

Declining his invitation to cross the room and make formal application in an inner office, I went down the stairs, wondering what the eight thousand nurses that have their abiding place in this great city can be thinking of, if they are thinking at all, that such things can be.

The time would seem to have come when there must be a central directory for registered nurses in the City of New York; one directory where strangers in need of nurses may go or send and be sure of securing a reliable registered nurse. As the situation is now, there is no way by which the uninitiated may distinguish between such an office as I have described and one which is official in its management. Many of us know only too well that in times of emergencies and excitement little reason is exercised by the public. Such a central directory should be a directory for everything pertaining to the registered nurse and her work. A registered nurse coming to town should be able to find there information on any subject she wished, from the latest news on legislation to the best place to secure the smallest appliance for the sickroom or where to go for comfortable rooms.

Later, with such a directory in working order, there would grow out of it naturally a central club-house with its parlors, reading-rooms, and a general café, open to the public, conducted on a strictly business basis. There could be rooms

for some of its permanent members and also for transients who are from time to time in the city for a few days or a month.

The stock for such an enterprise could easily be taken up by the eight thousand nurses now said to be in New York City, but without waiting to secure capital for this larger venture, steps should be taken at once to lay the cornerstone for the central directory.

In the event of the organization of the County Association which is now being agitated, that association will find it necessary to have permanent headquarters. Some revenue could be depended upon in connection with such a directory from the sale of sickroom supplies and appliances.

What a conserving of time for the medical man, the public, and the nurse, to ring up one place and to leave one's request or order, feeling that it would be attended to in the most expeditious and careful manner possible?

Sterilization of instruments and dressings for operative work would be a great convenience to the surgeon and his assistants and the nurses, and is really very much needed in emergencies calling for operative procedure in a private house.

A central directory in New York City is bound to come. Let us create it now.

MARY E. THORNTON.

DEAR EDITOR: A few months ago I saw in a small baby what looked like a return of meconium after the movements had once been normal. The child was slightly premature, was very drowsy, and for some days it would not nurse. It would not even take a bottle, but was fed on breast-milk, pieced out with peptogenic, from a medicine-dropper. When it was about twelve days old it suddenly consented to nurse directly from the breast, and the doctor ordered all feeding by other means stopped in order to keep up its nursing habit and to increase the supply of breast-milk, if possible. The baby seemed satisfied with the arrangement, but it did not gain in weight, and on the fifth day of breast-feeding it began the day with a black, tarry movement, identical in appearance with meconium. When I showed it to the doctor he called it a "starvation movement," and ordered artificial food added to the baby's nursing diet. After a day or two of fuller meals the movements resumed their normal condition and the baby gained rapidly in weight. The doctor said he thought the black movements were produced by the same causes that produced meconium—a secretion of digestive fluids with no food to work on. There was probably very little breast-milk for the baby.

D.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,
WASHINGTON, November 13, 1903.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

Permit me, through the pages of your valued JOURNAL, to correct a statement found in the address of the president of the Spanish-American War Nurses, as read before that body assembled in San Francisco in August last. I refer to the paragraph, "Navy Nurse Bill," on page 133 of the November JOURNAL.

The president states that the bill prepared by Dr. Boyd and "amended by a committee from our society and introduced into the Senate at our request was referred to the Navy Department, and there promptly killed by the opposition of the army to anything so far superior to what the Army Nurse Corps had."

Having been on the spot at the time the Navy Nurse Bill was under discussion, I happen to have some personal knowledge of the incidents connected

with its evolution, as well as of the views of the Surgeon-General, United States Navy, on the subject. In point of fact, the amended Boyd bill, to which the president of the Spanish-American War Nurses refers, hung itself. The army had nothing whatever to do with it. During a conversation with Surgeon-General Rixey on the subject he remarked to me that the proposed bill was "not at all what he wanted"—if for no other reason than that it would never go through because it would result in a disorganization of the Army Nurse Corps. This he naturally would not permit.

The bill was then entirely rewritten by Admiral Rixey himself,—according to his own ideas,—based on the Army Nurse Corps statute. All the army had to do with it was to offer some suggestions at his request. Several points which we want some day to get for the army nurses were left untouched, hoping the navy nurses might be fortunate enough to get them—notably allowing the nurses' leave to become cumulative. We certainly did not grudge our navy sisters any good thing which could be secured for them, and so far from trying to kill the bill, all the weight of whatever influence the army could command was thrown in the scale for and not against it. How could it have been otherwise, when it is remembered that a large number of the members of the Army Nurse Corps are Spanish-American War nurses as well, and the Army Nurse Corps is *not* a "house divided against itself"?

DITA H. KINNEY,

Superintendent Army Nurse Corps.

BROOKLINE, MASS., October 21, 1903.

AMERICAN JOURNAL OF NURSING.

DEAR EDITOR: My attention has been called to your editorial in the September number of the JOURNAL entitled "The Medical Attitude," the text for which is furnished by an article of mine in the Boston *Medical and Surgical Journal* on "The Need of an Institution for the Education of Nurses Independent of the Hospitals."

You find my ignorance of the efforts which nurses are making to bring about the establishment of a preliminary course of training characteristic of the attitude of medical men as a whole, and you also imply that the article does injustice to those nurses who for a number of years have been trying to carry out such a plan. May I be allowed to say a word in explanation of the article in question?

At the time it was written I knew that the subject of preliminary training was in the minds of a number of persons interested in the education of nurses, but I had never seen anything written on the subject to which I might refer. My object in writing in a medical journal was to bring to the attention of medical men the "need of an institution" to give this preliminary training, because, as I stated, the movement must have the coöperation of the hospitals, which are largely in the control of physicians. I wished especially to point out the advantages that that system would have for the small hospitals.

I was much surprised to read in a representative nurses' journal that I "must have been taking a long nap" not to know that the scheme is an old one, and also that I "enter the field seemingly as an interloper, stealing the thunder of the nurse to whom should be accorded the credit of one of the most brilliant schemes for nursing advancement yet conceived."

I regret very much that I had not seen Miss Davis's valuable article in THE AMERICAN JOURNAL OF NURSING on the "Central School Idea for Preliminary

Instruction to Nurses," and I am sincerely glad to have this opportunity to acknowledge it.

I am sorry if any injustice has been done to those members of the nursing profession who have been doing so much to secure a course of preliminary training in Boston. It does not seem possible, however, that any credit of originality for the idea of preliminary training in an independent institution could be given to me, especially when previous to the publication of my article it is announced that just such courses are to be established in a number of different places.

While my ignorance may be, as you say, characteristic of the medical profession, I do not believe that the apparent spirit and tone of your editorial represents the nurses' "attitude."

FRANCIS P. DENNY.

[We think Dr. Denny has given an unjust interpretation of our editorial comment on "The Medical Attitude" in the September number, and we quote the paragraph in full in which we made our meaning as to the attitude of the *medical profession* very clear, and in which we feel that we have expressed fairly the "nurses' attitude:"

"First let us say that our experience and observation would seem to prove that the masses of medical men concern themselves very little about nursing matters. They are liberal in their attitude, willing to grant every privilege of personal or organized effort to nurses in the management of their own affairs, asking only that capable, well-trained nurses shall be provided to take care of their patients. This liberal attitude has been proved by the action of the medical organizations that gave their support to the nurses of North Carolina, Illinois, Virginia, and New York in their recent successful legislation. It would be impossible for the great body of the medical profession to keep in touch with nursing progress in all of its detail, but we do expect the few physicians who interest themselves in nursing matters to keep themselves informed of what is being done by nurses, by hospitals, and by educational institutions along all the lines of nursing progress, whether for better theoretical instruction, more thorough technical training, or upon the lines of what is known as preliminary training."

Our criticism is unmistakably a criticism of a few individual men, and not of the medical profession as a body, as Dr. Denny's letter infers.—ED.]

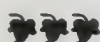
[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



DR. W. S. CHRISTOPHER, of Chicago, recommends the following method of treating earache in children, and I presume it would relieve larger ears as well. Wring a fruit-napkin out of boiling water, place it in an ordinary drinking-glass, and hold the child's ear over the top of the glass tightly, so that it may be penetrated by the steam. This gives greater relief than any external application of heat or the introduction of warm oil, and is a cleaner method than the latter.

J.

EDITOR'S MISCELLANY



NURSING AS AN OCCUPATION.—The attitude of the *Medical Record* towards our great problem of "registration" is most gratifying, and the following editorial comment under date of November will be read with interest by all nurses:

"An annotation which appeared in the *British Medical Journal*, August 8, on this subject has aroused much attention, and has led to a considerable amount of correspondence. The question of the status of the trained nurse, and the loose definitions of the qualifications which give a person the right to lay claim to that appellation, have been referred to several times in the *Medical Record*. It would appear that in some respects the situation as regards nurses is quite as unsatisfactory in England as in this country. The market there is overstocked, and individuals with little or no training are allowed to compete on equal terms with those who have gained skill and experience from three years of hospital work. The aforementioned annotation in the *British Medical Journal* contains a plaint from a physician with regard to the incompetence and ignorance of many of the self-styled nurses, and gives an instance of the lengths to which such lack of knowledge, joined with impudent assurance, can go. The correspondence called forth by this communication has been interesting and at the same time timely.

"One writer declares that if medical men are content to trust their patients to any woman posing as a 'nurse' without inquiring as to her qualifications for the work she undertakes, they must bear at least some of the blame for the resulting danger to the public.

"The gist of the argument of all the writers is that the State should initiate a system of registration for nurses. One correspondent says, 'Surely it is time that the minimum standard of nursing should be defined by authority, and that those who are indorsed by their training-schools, and who have given proof that they have attained this standard, should be enrolled in a register under the authority of the State.' It is pointed out that registration of nurses is already in force in Cape Colony, Natal, New Zealand, and in four of the States of this country. Another correspondent draws attention to a saying of the late Sir James Paget: 'In the same family one sister takes a medical qualification and is registered, another becomes a nurse and she cannot be registered. The contrast is becoming ridiculous as well as unjust, and must soon come to an end.'

"A medical man writes as follows: 'We as medical men should do all in our power to help the nursing profession out of its chaotic state, and to put it on a firm and practical footing, because the two professions have so much in common; secondly, we shall be doing a greater duty to our patients if we try all we can to prevent their being left in the hands of inexperienced persons posing as so-called "trained nurses."'

"Finally it is stated that a bill is now being drafted in Great Britain by the Society for the State Registration of Trained Nurses, the object of which is to insure that nurses are really trained.

"The present condition of affairs is anomalous and unpractical as well as decidedly unfair to the well-trained nurses and the public at large. If the public could be made to realize the importance of having the services when sick of a

thoroughly trained nurse, the question of registering nurses would not be long left in abeyance. Good nursing is a most essential factor in the treatment of disease, and for the sake of all concerned it is expedient that registration of nurses should be introduced as speedily as possible."

DR. JAMES E. NEWCOMB, of New York City, in an address to the graduating class of the Memorial Hospital at New London, Conn., recently, made the following reference to the *THE AMERICAN JOURNAL OF NURSING*:

"Another way in which the student spirit may be maintained is by keeping yourselves in touch with the literature of your profession. I refer not merely to books but to periodical literature. Already a most creditable "Journal of Nursing" is published. Each one of you should have your own copy, read it thoroughly, and file it away carefully. Then, no matter how far you may be removed from institution activities, you are in touch with the world's progress. Such contact prevents the mind from becoming dulled and prevents you from falling into mere routine methods. It maintains a common interest in common things and continues your education."

Speaking of the "trained nurse" in distinction from the "educated nurse" he said:

"We are all familiar with the expression, 'trained' nurse. She has supplanted not only the Sairy Gamps and Betsy Prigs of olden time, but as well the kind-hearted yet officious relative whose energies, though well meaning, are so often misdirected, and perhaps this expression, 'trained' nurse, will always be the one in common use. I think, however, that we might better use the expression 'educated' nurse. And what is the difference between the two designations? To 'train' is to bring to a requisite standard, as of conduct, knowledge, or skill, by careful and protracted instruction and practice. To educate is to do far more than this. You can train an animal to do many things and to do some of them surprisingly well, but you cannot, except to a very limited extent, educate an animal. Education is to lead or call forth. It implies the development of power and efficiency from within, and not merely impressions made on plastic material. To educate is to exercise the mental faculties by instruction and discipline in such a way as to render efficient the natural powers. It is to bring the pupil to a state of capability by training. It is, therefore, far more than mere training. The latter is all right in its place, is a first step towards education, but is never a substitute for the latter. . . .

"I believe that the modern nurse is a very vital factor in the civic and ethical agencies of the present day. Her sphere of influence is by no means limited to the bedside or the sickroom. The matter calls for a wider view, for a broader outlook. By her suggestions to those in ignorance of matters of hygiene and right living, no less than by her gentle ministrations, she can exert a tremendous influence for good. By implicit obedience to orders she can exert and set an example the force of which can hardly be measured; by carrying sweetness and light into the homes she visits, she can exemplify that good old motto, 'noblesse oblige.' . . .

"I hope that no one of you has any regret that your pupilage has been spent in a small hospital. Such institutions must of necessity be adapted to the conditions of the communities they serve. Large cities demand large hospitals. Yet for the careful study of disease, I am not so sure that the small hospital does not answer equally as well, in certain respects, perhaps better. The number of cases is not so great but more time can be given to each. It can be more closely

studied, and the knowledge thus gained be the more carefully assimilated and therefore all the more ready for use."

DATA SUPPLIED TO TEACHERS BY THE MICHIGAN STATE BOARD OF HEALTH—*Principal Modes by which the Communicable Diseases are Spread.*—Dangerous communicable diseases owe their existence to the presence of minute living organisms which are usually conveyed into the body by means of dust inhaled, food or drink consumed, or by insects, such as flies or mosquitoes, all of these being liable to become infected with disease-producing organisms. Once in the body, most of these organisms multiply very rapidly, and through their life processes produce poisons which are taken into the circulation and cause sickness and death. After invasion of a tissue by one species of such organisms a subsequent invasion by the pus-producing organisms which are extremely common not infrequently follows. This second infection usually increases the bad effect of the first.

Consumption, it has been shown, causes more deaths than any other disease. Though the lungs are usually the seat of this disease, yet not infrequently other organs of the body are attacked. Consumption, wherever located, is caused by a minute living organism which, after having gained access to some tissue of the body, multiplies rapidly, causes minute swellings called tubercles, and forms poisons which produce the wasting away of the body which is such a well-marked characteristic of this disease. Tubercles in the lungs of a person suffering from consumption frequently break down, and the matter contained in them is coughed up. This matter contains the organisms of the disease, and these organisms under certain conditions may retain their vitality for months, or perhaps years. A single drop of this sputum may contain myriads of these co-called tubercle bacilli, which are released when the sputum dries and may then float in the atmosphere. Air thus infected may produce the disease if inhaled by a person suffering from any irritation of the air-passages, the result of a cold or any other cause, especially if such person is peculiarly susceptible to the disease. It is, therefore, by means of sputa coughed up by a consumptive that the disease is usually spread. Another means by which the disease is probably spread, especially to children, is from the use of milk from tuberculous cows. Many herds contain animals affected with consumption, and without doubt the meat from such animals, as well as the milk, may cause consumption in human beings. The tubercle bacilli are responsible for every case of consumption.

Dust from Infected Handkerchiefs.—A general rule applicable to all persons, sick and well, is that handkerchiefs should be looked upon with suspicion. They should not be used after any secretion from the nose has been permitted to dry upon them. After being used they should be put into a paper bag, which may then have its top twisted shut, there to remain until put into boiling water.

It is best that all persons who have a cough should carry small pieces of cloth (each just large enough to properly receive one sputum) and paraffined paper envelopes or wrappers in which the cloth, as soon as once used, may be put and securely enclosed, and, with its envelope, burned on the first opportunity.

Typhoid fever is not often contracted directly from one sick with the disease, but usually from the use of food or water contaminated by the discharges from the bowels or bladder of the sick person. These discharges if dried may spread the disease through the air in the same manner as do infected sputa and nasal discharges. The chief source of danger, however, is believed to be drinking water contaminated by sewage or leachings from privies, etc. Professor Victor

C. Vaughan and other members of a commission appointed by the United States Government in a report on the causes of the large number of cases of typhoid fever in our armies during the Spanish War, has shown that houseflies were the carriers of the infection from the contaminated latrines of the soldiers to their food. How far these insects may be responsible for the spread of this disease in civil life is uncertain, but there is reason to believe that their influence is by no means inconsiderable. The organisms have been found in the sputum, they permeate the entire body of an infected person, and are sometimes found in excretions and abscesses after apparent recovery.

The organisms of typhoid fever are not always killed by freezing, but they are killed by boiling. All suspected water should be boiled. Milk frequently becomes contaminated with the organisms of typhoid fever as well as those of several other diseases. It is generally safest, therefore, to either sterilize or Pasteurize milk before feeding it to infants or children. . . .

Keep your premises and everything connected therewith clean, but remember that *the contagium of these diseases may attach to the cleanest article* of clothing, food, drink, book, or paper if it be exposed thereto.

MEDICAL RECIPROCITY.—Reciprocal registration is already existent in Wisconsin, Indiana, Michigan, Ohio, Iowa, and Kansas, and undoubtedly the interests of this highly commendable effort have been much benefited by the meeting of the American Confederation of Reciprocating Examining and Licensing Medical Boards at St. Louis, October 27, 1903.

Reciprocal registration is right in principle and will be right in practice when a uniform standard of professional ability is a prerequisite to any registration. It is manifestly unfair to expect any State which has careful and correct registration requirements to reciprocate with a State registering applicants upon relatively insufficient merits. The movement for reciprocity is good, and if it be made the instrument whereby uniformity of registration may be brought about will deserve the commendation and support of the entire professions.—*Annals of Gynæcology and Pædiatry*.

THE HIGHER EDUCATION OF NURSES.—This subject is at present very justly receiving considerable attention and thought on the part of those most deeply interested in the training of nurses.

We feel that nurses not only need higher standards of education as nurses, but also higher preliminary education. Many young women enter training-schools with no knowledge of how to study, and therefore fall far short of the standard of any but an empirical and routine performance of duty.

The medical schools have, some of them, very wisely taken a step in the right direction in requiring a higher standard of preparatory education, and registration by examination is fast bringing all medical schools to an equal footing as to curriculum. Why not take a similar step as regards nurses? It would, of course, not require the same stringency, but an examination as well as a fee for registration would tend strongly to equal standards of education.

Coming into intimate association with homes of refinement, being frequently placed in positions which require infinite tact, being constantly called upon to decide whether to assume or reject the responsibility of crises, etc., certainly all point to the necessity for a high standard of education, of womanhood, and of professional ability.—*Editorial Comment, Annals of Gynæcology and Pædiatry*.

PHYSICIANS' SECRETS.—The death of Dr. Playfair, the distinguished English physician, recalls a remarkable case in which he figured as defendant. He told his wife some things about a patient, and she, as a matter of course, told a number of intimate friends. The secrets disclosed were damaging to the patient and an action was brought. The court took cognizance of the medical oath and declined to hear testimony concerning the truth of the charges. The jury gave a verdict of sixty thousand dollars damages for the plaintiff, the biggest sum ever awarded in a case of that kind. Playfair was fully able to stand it, and it was good for the profession and the public. He may have had no purpose to disclose the secrets of a patient, and yet it is difficult to imagine one taking a simpler way of doing so.

When what is supposed to be a secret is communicated to a single individual it is no longer a secret. It is one remove from the party whose duty it is to preserve it, and the next step may occur by any accident without the conscious intention of the person possessing it. While Dr. Playfair was a great physician and contributed in many ways to the science of medicine, all of his services were not equal to the good done by this trial. It crystallized a principle which it was quite customary to dispute, and gave almost absolute security to the public. It must be obvious that if the physicians were at liberty to talk in public about the ills of their patients or the secrets confided to them, the anxiety and insecurity would be profound. The confidence between doctor and patient is of the closest. He has a liberty in a household which no other person out of the family enjoys, and a control peculiar to him.

The effect of the decision was directed more to the public, which was disposed to question the physician's privileges, than to the latter, though it undoubtedly led many doctors to take a more serious view of their responsibility. The oath of secrecy is part of the graduation pledge, and it is an extremely rare thing—and was before the Playfair decision—to hear even a suspicion that a doctor failed to keep the pledge. Physicians would doubtless be glad to have its scope extended so as to prevent the disclosure of secrets under any conditions. The cases where the law compels such exposure are very few, and it is probable that the public suffers greater injury by this compulsory breach of faith than it derives benefit from any advantages.—*Baltimore American*.



OUR CHRISTMAS COVER

OUR new Christmas cover design was drawn by Miss N. Le Screven, a young artist who has recently graduated from the School of Applied Design in New York, where she won a number of prizes for original work in cover designing. The green of the JOURNAL cover, together with the technical character of the magazine, present some limitations from an artist's standpoint, but we feel that Miss Le Screven has been exceedingly happy in her results.

EDITORIAL COMMENT



THE SUBJECT OF REGISTRATION

DR. BRISTOW'S address before the New York State Nurses, which we give as the leading article in this number, is the most valuable summing up of the whole subject of registration that we have had. Here we have in a nutshell a history of the origin of registration, a clear statement of what medical registration has done for the individual physician, and what it is to do for the individual nurse, provided all nurses who are *entitled* to its protection take advantage of it and register at once.

The fact that the New York State bill is not prohibitory is both its strength and its weakness. If the law in the very beginning had compelled nurses either to register or discontinue to practise their profession, as was required of the physicians when the medical law went into effect, great numbers of reputable untrained women who were dependent upon nursing would have been deprived of a means of earning a livelihood.

Because of its justice the law is strong. It is weak because, not being compulsory, nurses who are entitled to register, and from indifference or petty economy do not do so, are permitted to do the greatest injustice to other nurses who are public-spirited, and who desire the protection that *universal* registration would give.

Dr. Bristow has made the obligation very plain. He has shown the sort of thing that nurses have to complete with in quack nursing schools, that are growing in every section of the country, and, strange to say, always with medical men (so-called) as proprietors.

Correspondence schools are but one of the many forms of quack nursing institutions. The only protection nurses have is in the right to use a title that shall be the "hall-mark" of distinction between the nurses graduated from training-schools registered by the Regents, as in New York State, as maintaining proper standards of education, and the women who have either no diploma at all, or one from some kind of a quack school that has no legal status.

If the law is to do any good, all nurses entitled to registration must register.

ACTION OF THE SUPERINTENDENTS.

At the meeting of the superintendents of training-schools held in Pittsburg, just a short time before Dr. Bristow gave his address to the nurses in New York, "Correspondence Schools for Nurses" was the subject of a very lively discussion, and the following resolution was offered by Miss McIsaac, of Chicago, seconded by Miss Keating, of Buffalo, and carried unanimously:

"WHEREAS, The establishment of correspondence schools for nurses has been called to the notice of this society; and

"WHEREAS, Any method of training nurses apart from a hospital, where both practical and theoretical teaching may be obtained, is impracticable and inadequate; be it

"*Resolved*, That this society put upon record its unqualified disapproval of such schools, as alike detrimental to the public and to the nursing profession."

Thus the great teaching body of the nursing profession put itself upon record as condemning any method of training nurses apart from a hospital.

The theory of nursing may be taught theoretically, but *nursing* can only be taught by nurses at the bedside of the patient.

MRS. ROBB'S WELCOME TO NURSES

STRANGE things certainly are happening in the nursing profession. Several times during the past year nurses have been invited to speak to nurses at graduating exercises, and surely nurses would seem to be the *fitting* persons to welcome a class as they are about to join the ranks of the great nursing body. What a contrast between Mrs. Robb's words of welcome sympathy and the ideals she held up to the Johns Hopkins graduating class, and the hackneyed half-hour of "don'ts" that one has been accustomed to hear for the past thirty years! It is only to be regretted that her address will not be more widely read by that great public that feels it a duty always to pick a flaw in a nurse.

Mrs. Robb has shown that many of the faults of nurses, generally speaking, are the faults of the home education and of the period in which we live. Her subject has been carefully thought out, and she speaks from great experience, both from the standpoint of a teacher of nurses, as well as from that of a woman of broad experience in the world. We need more of such plain-speaking from the nurses' point of view.

THE VALUE OF LITTLE THINGS

THE nurse who has at her command many little devices, simple but ingenious, for increasing the comfort of her patients will often succeed with her cases where others fail. This is particularly true during protracted illnesses, when the dissatisfaction of the patient requires a more or less frequent change of nurses. Many of these complaints arise because the little details which add to the patient's comfort are either unknown or unheeded, and we are, perhaps, too prone to call them whims and to dismiss the little fault-findings with scant attention. We should make notes from time to time of the little devices attracting our attention. It is almost impossible to go through any hospital, no matter how poor the equipment (and it is often in the poorly equipped that one sees those things most valuable to the private nurse) without seeing small contrivances which are too valuable to be lost.

The nurse in private practice is constantly called upon to use her ingenuity in order to secure results under new and inconvenient conditions, and in time she unconsciously, perhaps, has a complete set of devices and contrivances that would be worth a fortune to the nurse just starting out. The obligations of the profession call for a freer exchange of ideas upon such simple but important points.

How many nurses have ever thought to remove the taste of castor-oil from a patient's mouth by giving her a large piece of the soft part of bread, to crowd into her mouth, put her teeth well into once, and then spit out? All the oil clinging to the tongue and teeth is removed, and a thin slice of lemon held in the mouth for a few minutes removes the taste of the oil completely. This simple method was learned when the writer was little more than a child in her own home, and has been used by her in both hospital and private nursing for many years. It would seem hardly necessary to caution even the youngest probationers *not* to give cold water directly after castor-oil, but we have recently actually seen this done when visiting a friend in a private hospital who was paying enormous

rates for the most "skilful" care. We question whether any nurse is competent to administer a dose of castor-oil until she has been obliged to swallow one herself. In fact, an illness is a necessary part of a nurse's education if she is to appreciate the value of those little things that make for comfort, and upon which depend her popularity.

GREAT WORK FOR CHILDREN

THE Christmas month being a season when the happiness and well-being of children is the predominating thought in the minds of most people, it would seem to be an especially appropriate time for our readers to be told something more in detail of the great work that has been done for the children of the New York schools by nurses during the past year—a work that contributes not only to the health of the children, but to their intellectual and moral development by preventing unnecessary loss of that all too brief school period.

Miss Rogers has told the story in a very plain way, letting the facts and figures that she has presented speak for the quality of the work and the devotion of the nurses engaged in it.

When we consider that this school work, with its far-reaching influences, is a nurse's idea, we may feel doubly proud of the splendid results shown in Miss Rogers's paper. Other cities are preparing to follow New York's example, and this field for nurses will broaden with each year.

QUESTIONS OF THE HOUR IN NEW YORK CITY

WE find New York City agitating the question of a County Society. A circular letter will be found in the official department in which the plan is outlined, and we shall from time to time report progress in these pages. New York City being the great nursing centre of the country, such a plan as is being contemplated will be very far-reaching in its influence, and for that reason is of general interest. Boston, Philadelphia, and several of the smaller cities have a central or county club, but New York, owing to its great size, has been slow to take up this idea. Abuses such as are shown in Miss Thornton's letter, the need of a central directory governed by nurses, would seem to demand greater concerted effort on the part of both nurses and hospitals in New York than is now given.

We are hearing much also of the need of a nurses' hotel, where, on a strictly business basis, the nurses may live in independence and comfort in a building conducted upon the lines of the new women's hotel, the "Martha Washington," which has proved to be such a success. It has been suggested that stock for such an enterprise might easily be raised among the nurses of New York, and when we think of the great number of nurses, popular estimate being eight thousand, the plan would seem to be entirely feasible. If it could only be shown in a practical way that for the same money nurses could exchange their too often dark, crowded apartments for light and comfortable rooms, we believe this plan could be carried out with little difficulty. What the scheme seems to lack is a leader.

THE TRIP TO BERLIN

THE trip abroad which is being planned with special reference to the International Congress of Nurses to be held in Berlin during the early summer promises to be a most exceptional opportunity for a party to see some of the

principal points of interest in Europe under conditions both congenial and economical.

Miss Thornton, who is arranging the details of the journey, is giving much time and study to the matter, and those who join her party may be sure of getting the best possible return for their money. In a trip of ten weeks, for instance, one may see a great deal and bring back many delightful impressions, or one may get little out of it; it all depends upon making the best possible use of every day and hour.

The southern, or Mediterranean, route is much to be preferred if Italy is to be visited. The approach is most beautiful, and to see Naples and Vesuvius for the first time from the sea is a picture never to be forgotten.

Two days in Naples would be better than no Naples at all. Pompeii enfolds a great world of history, and may be easily seen in a day. "Baedeker" says "not less than a fortnight in Rome," but if time must be limited to five or six days, the greatest of her treasures may be seen in that time—of course, in a superficial way. St. Peter's, the Vatican, and the Castle of St. Angelo, the Colosseum and the Forum, the Capitol and the never-to-be-forgotten drive to the Appian Way, and much more may be included in a stay of only a few days. We once spent a month in Rome and visited St. Peter's many times, but the picture that we carry in our mind is of the first view, when we crossed the threshold of the entrance way.

So we would say a few days in Florence and Venice, a longer time in the Italian lake country and Switzerland, for sight-seeing is fatiguing and nurses are tired women; then, after Berlin and the Congress, a little more of Germany, a week in Paris if possible, and all the time there is left in England. Here one may roam about without a guide, and every inch is of interest to Americans. Where time is so limited, one gets so much more out of it where one can not only see but hear and be understood.

There is not only the pleasure for the time in a trip of this kind, but one's horizon is so extended. The newspaper is read with greater intelligence. Every Italian laborer is regarded with a new interest, for to have seen his country gives us a new attitude towards every foreigner within our gates.

Nurses as a class need such recreation, and money is never regretted spent in this way.

NEW YORK NURSES AND TRAINING-SCHOOLS

THE circular letter of the secretary found on another page gives minute instruction for filling out the blanks for registration. The Board of Nurse Examiners are very desirous to register the regular graduates who are entitled to register without examination before the examinations for the non-graduates begin in June. Nurses may register any time within three years from the passage of the bill, but it is requested that they will do so soon, to aid the examiners in the work before them.

We wish to remind the superintendents of training-schools of that clause in the bill which provides that graduates from training-schools *registered by the Regents as maintaining proper standards* may, upon complying with certain conditions, be registered, etc. Many of the very women who worked the hardest for the passage of the bill have neglected to fill out the blanks for the registration of training-schools issued from the Regents' office, and the work of the examiners is being greatly obstructed by their negligence.

A PIANO FOR ARMY NURSES

WE are told that private information recently received at the Surgeon-General's Office disclosed the fact that army nurses are not entirely dependent on their surroundings for their happiness. Even at so isolated a post as the one at Fort Bayard the nurses report themselves as happy, most interested in their work, and getting no end of amusement incidentally, and quite a considerable amount of money, from a little bank in the middle of their dining-table. The chief nurse, at the suggestion of the commanding officer's wife, requires them to deposit in the bank five cents for every time they use a slang word or expression, and ten cents for carelessly making a spot upon the table-cloth. But this bank has a wider field of usefulness than at first appears in its object to purify the English and keep spotless table-linen. The fund so deposited was to go towards a piano which the nurses were ambitious enough to endeavor to buy. Having purchased attractive furniture for use in their little parlor and sitting-room, they put themselves into communication with various Eastern manufacturers to ascertain the cost of a piano, but finally decided to save freight and purchase from a firm in Silver City,—the nearest town,—nine miles from the hospital.

The letter giving this information was so full of good cheer and evidences of contentment that it was brought to the attention of the Surgeon-General, who immediately exclaimed, "Why, the nurses need not buy that piano. They shall have it given to them." An order was sent that proper application should be made to the Surgeon-General and a piano would be forthcoming. The only proviso was to be that the piano should be a *good one*, no cheap affair that would go to pieces in a year. It was then suggested that the money the nurses had contributed towards this piano fund should be put into books, and this was met with the reply, "But the Surgeon-General will give them all the books they want." And so Mrs. Kinney was permitted to write the nurses of this generous offer and of the answer of the Surgeon-General to her acknowledgments of his kindness, namely, "I am only too glad to do anything I can to make them happy and contented."

It seems but a very few years since it came to our knowledge that a requisition for rocking-chairs for the nurses at a certain hospital was regarded by the authorities at Washington as most unnecessary extravagance. It speaks volumes for the quality of the service given that the attitude of the Medical Department has so changed towards the Army Nurse Corps, and we believe in time the army service will call for only the highest type of women, and that the recognition will be the same as that accorded to all officers of the government.

CHRISTMAS, 1903

THE year 1903 will always be a memorable one to nurses, because in this year trained nursing has been given a legal status. State registration is a fact. Nurses have been brought into closer sympathy, nursing education has made great strides.

We enter upon the Christmas season with thankful hearts that we have been permitted to be a factor in the work accomplished. We wish a "Merry Christmas" to all those, far and near, who have fought in the battles of the year now closing, and a "Happy New Year" to those who will carry on the good work in the year to follow.

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SMALLPOX AND VACCINATION *

BY LOUISE FURBER

Graduate New England Hospital, Boston, Mass.; Assistant Superintendent of Nurses, Western Pennsylvania Hospital, Pittsburg

SMALLPOX has been known from the earliest ages, existing in China many centuries before Christ. It was introduced into Europe by the Crusaders, and early in the sixteenth century into America by the Spaniards. A study of the disease was made by Sydenham early in the seventeenth century, and his writings are still considered good authority.

Osler says: "Smallpox is an acute infectious disease, passing through the stages of papule, vesicle, pustule, and crust. The mucous membrane is usually affected. Severe cases are complicated with cutaneous and visceral hemorrhage."

Smallpox is caused by a specific poison whose nature remained obscure until May, 1903, when Professor W. T. Councilman announced his discovery of the organism, a protozoan, at present unclassified, with a definite cycle of development consisting of two stages: In the first stage the organism is extranuclear and presents itself as a small, homogeneous body in the protoplasm of the epithelial cell; with growth the body becomes irregular in outline and resembles an amœba; with age it breaks up into numerous dots or rings. This closes the first stage in the life of the protozoan. The newly formed bodies may repeat the first stage by infecting other cells, or may enter the nucleus and pass through the second stage, which is looked upon as sexual. The first stage is supposed to be characteristic of vaccinia and cowpox, while in smallpox both stages are found together.

The spores are found in countless numbers in the ripe pustule, and when the latter dries and falls off may be widely scattered.

The disease is common to all ages and conditions, and is usually

* Read at a meeting of the Alumnae Association of the New England Hospital.

fatal in children and the pregnant. In the Montreal epidemic of 1885 eighty-six per cent. of the cases were children under ten.

Boston reports a preponderance of male over female cases, owing, possibly, to the greater exposure of men employed in shops and stores.

In Pittsburg during the winter of 1892-3 most of the cases occurred in young men, who came to the city for employment unprotected by vaccination.

SYMPTOMS.

The period of incubation is from twelve to twenty days. Most cases develop on the fourteenth day. During this period there may be lassitude, but no other symptom.

The period of invasion is ushered in with chills, severe headache, backache, insomnia. Temperature, 101 to 105° F. Pulse rapid; constipation; tongue dry, and often sore throat.

The eruption appears on the third or fourth day, beginning as macules, first appearing on the forehead and hands; in several hours the eruption will have spread rapidly. With the appearance of the eruption there is a lessening of fever and other symptoms.

On the fifth to the sixth day the macule becomes a vesicle, which in time is umbilicated; at this stage there is intense burning and itching.

On the eighth day the vesicle becomes a pustule; at this stage there is a rise of temperature and delirium is often present; this is the critical stage, and many complications may arise.

In favorable cases the secondary fever lasts about forty-eight hours, when it subsides, the pustules rupture, and desiccation begins. Convalescence is established between the third and fourth week.

Death results from action of the poison on the nervous system, usually at the end of the second week or at the height of the eruption. Those suffering from the hemorrhagic type may die before the rash develops. The contagium develops in the system and is found in the pustules, secretions, and exhalations of the lungs.

The dry scales are an important element of danger. The disease is said to be contagious from the early stage, although it has not been determined whether the contagium is active before the eruption develops. Some authors believe that there is little danger during the early stage. Smallpox occurring in the wards of general hospitals and cared for by the nurse until the appearance of the eruption without becoming infected would be an argument in favor of the latter opinion.

The disease is spread by contact, direct or indirect, through letters and money, clothing, air, insects, and domestic animals.

Some of the complications are pneumonia, bronchitis, and rheumatism; keratitis is frequent, and cellulitis and abscess are frequent sequelæ.

There are four varieties of smallpox: discrete, confluent, hemorrhagic, modified smallpox or varioloid.

In the discrete form the eruption is well separated and the papules are few in number; in the confluent the eruption is so thick that large masses are formed, the surface is much swollen, and when desquamation takes place the crust often takes the form of a mask. In the hemorrhagic form the surface is blue, and this form is always fatal. Varioloid is smallpox modified by vaccination. The symptoms are not severe and the eruption is light.

There exists another form,—a rare condition,—namely, the patient passes through the prodromal and incubation period, and when the eruption should make its appearance there is an absence of it and rapid recovery.

TREATMENT AND PREVENTION.

First. Protection by Vaccination.—Inoculation was introduced into Europe in 1718 by Lady Mary Wortley Montagu and into America in 1721 by Dr. Boylston, of Brookline, who inoculated two hundred and forty-seven persons. For this practice he was threatened with hanging. Colonial history contains many allusions to letters congratulating friends on their successful recovery from smallpox after inoculation. The Rev. Cotton Mather extolled the practice from the pulpit, and a nephew of the divine, a physician of Dorchester, was almost mobbed for advocating the measure. This occurred eighty years before the discovery of vaccination, the discovery of which has made Dr. Edward Jenner's name immortal.

Jenner's attention was first called to the subject by the remark of a milkmaid, who said, "I can't take smallpox, for I have had cowpox;" this was the prevailing idea among the country people, and was the beginning of investigations covering a period of twenty-two years, and resulting in one of the most important discoveries of preventive medicine. Before Jenner's discovery every tenth death was due to smallpox and one-fourth of the people were disfigured by it. James Phipps, a boy of eight years, was the first person vaccinated by Jenner. The virus used was taken from a vesicle on the hand of a milkmaid named Sarah Nelms, who had been accidentally infected while milking a cow. This occurred on May 14, 1796, a day annually set apart as a holiday in Germany in commemoration of the discovery. In July of the same year Jenner tested the efficacy of this vaccination by inoculating the boy with smallpox matter taken from a patient suffering with that disease, but no result followed. He was inoculated with smallpox matter as often as twenty times, and was found to be immune each time.

Vaccination was introduced into America by Dr. Benjamin Water-

house, of Boston; he vaccinated his son on July 8, 1800, the first person vaccinated in America.

President Thomas Jefferson devoted time and money to the spread of the discovery in the Middle South.

A study of health reports will convince the skeptic that vaccination has been of untold value in saving life.

The Municipal Hospital of Philadelphia reports that of its twenty-six hundred smallpox patients of the last two years not one had been successfully vaccinated.

According to the Boston Health Report smallpox prevailed to a greater extent in 1901 than at any other time since the winter of 1872-3, when during about eight months more than one thousand deaths resulted. From 1840 to 1873 there were in Boston two thousand nine hundred and forty-three deaths from smallpox, an annual average of 89.33. From 1874 to 1900 there were but sixty-three deaths, an average of 2.33. During these twenty-seven years of relief vaccination was neglected, and few physicians became sufficiently familiar with the disease to recognize it, even in mild form.

With the exception of a little flurry of smallpox in 1894, when a moderate amount of vaccination was secured, this prophylactic measure had been but moderately used, so that the larger portion of the people were in a receptive condition for the disease. Another factor in spreading the disease was the mildness of the attack, many of the cases being unrecognized and not reported.

The disease appeared in mild form in May, and was not recognized until several severe cases had resulted. Within forty-eight hours twelve cases were removed to the hospital. This outbreak was soon ended, but another and another occurred in different parts of the city. All known cases were quickly removed to hospital and all precautions taken. In spite of preventive measures, the number of cases increased to twelve in August, thirty in September, forty-nine in October, one hundred and ninety-five in November, two hundred and ten in December, and one hundred and seventy-seven in January. Total from February 1, 1901, to February 1, 1902, four hundred and one males and two hundred and eighty females, or six hundred and eighty-one cases. All but five of these were removed to hospitals. 15.85 per cent. resulted in death. Four of the five treated at home died. Of the six hundred and eighty-one cases two hundred and ninety-two showed evidences of vaccination; three hundred and eighty-nine showed no evidences of vaccination. Number of deaths among vaccinated, twenty-seven; number of deaths among unvaccinated, eighty-one.

During this time the Board of Health through the press and let-

ters to railroad companies, mercantile and other establishments, advised vaccination. On December 26 orders were issued for the vaccination of all inhabitants of Boston. The number vaccinated was four hundred and eighty-five thousand.

In Pittsburg, Pa., during the past year 80.53 per cent of the cases of smallpox were unvaccinated. Of eight hundred and fifty-three cases reported one hundred and twenty-one were below six years of age and six from six to sixteen years.

A Montreal health report shows that smallpox prevailed from 1870 to 1875. Animal vaccination was practised and the city was free until 1885. Gradually vaccination fell into bad repute, and for ten years the population was unprotected, when a case was imported from Chicago, which became the nucleus of an epidemic causing in nine months three thousand one hundred and sixty-four deaths.

In Germany, where smallpox had decimated the population, thorough vaccination has practically stamped out the disease.

Every nurse should become familiar with the technique, after-care, and phenomena of vaccination.

The hands of the operator and the skin of the patient should be surgically clean, and a sterile instrument should be used for scarification. The arm of the patient should be scrubbed with soap and water and alcohol. A shield may be used until the vaccine is dry and for the first twelve hours; this may then be replaced with a sterile gauze dressing held in place with adhesive plaster or collodion or a cotton cocoon. Oil should not be applied. Dry powder will often relieve the itching.

The third day after vaccination a papule will appear. This is followed by a vesicle with depression, and again by a pustule with a reddish areola. By the fourteenth day a scab is formed, which is detached about the twenty-first day. There may be severe constitutional symptoms ranging from a slight malaise to severe pain, high temperature, rash, and prostration. Should there be undue swelling with pus, the wound should be treated as in other surgical conditions.

During the years 1901-2 some cases of tetanus appeared in the vaccinated, and several of these were attributed to impure virus. The matter was investigated by Dr. McFarland, of Philadelphia, who reported that "Tetanus is not a frequent complication, and is to be avoided by using greater care in the preparation of the vaccine virus."

Dr. T. M. Rotch says, "Vaccination should be done about the age of three months, avoiding the dental period, and repeated at puberty."

In smallpox epidemics vaccination should be practised until *vaccinia* results; an old vaccination will not secure immunity.

Vaccination in the prodromal stage of smallpox or after exposure

will often result in a mild case. But few cases appear in almshouses, general hospitals, and similar institutions where vaccination is compulsory.

The treatment of the patient is largely symptomatic. Diet, as in all septic conditions, should be very nutritious and digestible. It may consist of milk, eggnogg, strong broth, and beef-juice; gruel, to which should be added juicy fruits; oatmeal- and barley-water and large quantities of pure, cool water. Coffee often is useful for a stimulant.

Osler uses baths, cold and tepid, sponge and tub, to maintain cleanliness, lower temperature, and lessen delirium. Some physicians omit to prescribe baths; they say the crust disappears more rapidly if kept dry. The face, neck, and hands are sometimes covered with lint wet in a weak disinfectant, which may be warm or cold.

The treatment of cases in the Municipal Hospital in Pittsburg may be divided into elimination and stimulation. From the first the bowels are opened with salines and the kidneys by diuretics. Whiskey and strychnia are used for stimulation. Heart stimulants are used when indicated. The eyes are put at complete rest with atropine, and at the earliest symptoms of ulcer hot compresses are applied; usually the eye symptoms subside with faithful treatment, but the care of the eyes is an important factor in the nursing of this disease. Mouth, throat, and nostrils are kept clean with sprays and gargles. Carbolated vaseline is used ad lib. to relieve the itching. Disinfectants, usually coal-tar products, are used to disinfect floors, vessels, etc.

The patient is brought to the hospital in the ambulance upon the bed upon which he has been ill. When the patient has been put in bed, his bed, clothing, etc., are put into a specially constructed sterilizer and subjected to both steam and dry heat. Clothing worn by the patient is usually destroyed, and when the patient leaves the hospital he is provided with suitable clothing. Great care is taken to remove the dry particles of skin. This is a very tedious procedure and also important. Before being dismissed from the hospital patients are given several antiseptic baths, and alcohol is freely used to cleanse the skin.

The Philadelphia Health Department removes the inmates of infected houses to the Municipal Hospital. They are first taken to a room where all their clothing is removed. The body is then cleansed by a special bath, and they are passed to a third room, where the garments, now thoroughly disinfected, will be returned to them. They are then vaccinated and allowed to go at pleasure. If vaccination is refused, the usual quarantine is enforced.

The disinfectors are sent to the infected houses with cultures of smallpox, scarlet fever, and diphtheria. These are placed in inaccessible

places. The house is sealed and the disinfecting gas applied. After the proper time the cultures are examined by the bacteriologist, and if there is any trace of life the disinfection is not considered perfect.

Unless fumigation is done perfectly it is worse than useless, for it gives a false sense of security.

The nurse called to care for those suffering from this disease should be an immune or protected by vaccination. She should be in perfect health and able to carry out the technique usually employed for contagious cases.

Sheets, towels, and personal linen should be first disinfected with carbolic and then boiled one hour. Sweeping should be done with a broom covered with a cloth wet in disinfectant solution. The cloth and sweepings should be burned at once; handkerchiefs, dressings, and uneaten food may also be burned.

Secure good ventilation, but protect the patient from draughts. Strong sunlight should be excluded, and the patient's eyes further protected by dark glasses and screens about the bed.

If the patient is delirious, cover the hands with mittens to keep him from scratching.

The odor is best combated with carbolic or some of the preparations of phenol.

Nothing must be removed from the room until disinfected or fumigated. Sheets wet in carbolic may be hung at the doors.

"The cost of an epidemic of smallpox is incalculable. Much must be expended for ambulance and hospital service, house disinfection, and quarantine of exposed persons and public conveyances."

The loss to private and national wealth can hardly be computed. The State fixes the cost of one life at five thousand dollars. The greatest loss is that life itself and the great number of those who are made infirm, blind, and crippled.

THIRTY YEARS OF PROGRESS *

BY LINDA RICHARDS

WE this evening celebrate the thirtieth anniversary of this Training-School, of the Massachusetts General Hospital, and you have conferred upon me the honor of saying a few words to you upon this happy occasion. I have been asked to say something of what training-schools have accomplished in large general hospitals, of the work done in the small hospitals,

* An address given at the thirtieth anniversary of the organization of the Training-School of the Massachusetts General Hospital.

and of what is being done in some special hospitals. But first let me thank you for the honor you have given me. I sincerely appreciate it, and for it you have my heartfelt thanks.

I wish to congratulate you upon the great and widespread good this school has accomplished in its thirty years as well as upon your standing, second to no other school in this broad land. Much you have to be proud of. What school can boast of more able women than this? What school has given to other hospitals more efficient workers than this? From the Atlantic to the Pacific coast they may be found in charge of hospitals or schools, and also from the North to the South, and far away in the Orient, and wherever they are found they are proving a credit to their school and to our profession.

This is a favored school, well spoken of and respected by sister schools, and in its prosperity it can afford to look backward to its small, insignificant birth and early childhood. It had not an altogether happy lot in its early years. It was a foster child, not wished for, and given the worst wards of the house to care for, and the sins of omission and commission of the entire nursing force of the hospital it was often made to bear.

But adversity often is the means of developing sterling qualities, and who can say that the strength of character of some of the first graduates was not in part the result of and developed by their surroundings here? These women felt deeply the responsibility resting upon them. Each bore well her part, and it was due to their most excellent work, as also to their dignity and womanliness as nurses, that the people who at first were our sworn enemies came to be our very warmest friends. We find women by their daily lives raise the standard of communities in which they are placed, so refined, educated, earnest women placed the nursing service and hospital upon a much higher plane than it had ever before attained. The very people who had said "the nursing of the Massachusetts General Hospital could not be improved upon" were from their own observation forced to confess themselves mistaken. A man well known to many of us once said of a nurse, "Miss Blank has taught me what a lady can do for the nursing profession," and training-schools and trained nurses have shown to the public what cultivated women with high ideals can do for our profession.

Just for a moment let us compare the work of to-day, which we all know so well, to that of the time when there were no training-schools. The old-time nurses had very few ideas higher than that of having presentable wards. That was well as far as it went, but it stopped there. If time allowed after the ward was in order, and if the nurse felt the inclination, which she seldom did unless she was a superior woman of her

class, she might do some little offices for the patients. But that she had no real knowledge of their condition is proved by an instance which came under my own observation which I would like to relate.

In one of the large hospitals where I was organizing a training-school in those early days, before I had really taken hold of the work but was finding my bearings before making changes, I was making rounds one morning when, upon entering a ward, I saw at a glance that a man in a bed near the door was dying. The nurse stood near, in full view of the man's face, quietly doing her morning's dusting, and doing it well. I stepped to the bedside, examined the patient's pulse, wiped the dampness from his face, and then, going back to the nurse, who was still dusting, I inquired, "How long has this man been in this condition?" She looked up with a very blank expression on her face and asked, "What condition?" I said, "Do you not know that this man is dying?" She answered, with surprise, "Why, no!" I instructed her to send for the doctor at once, place the screens around the bed, and to stay with him as long as he lived, and passed on. Later in the day, when I made rounds again, as I entered the ward the nurse came to me and said, "Miss Richards, would you mind telling me how you knew that man was dying?" I asked her how long she had been in that ward, and she answered, "Two years." Then I said to her, "You have been in this ward where men are constantly coming in and where not a few die all the time," and she said again, "Yes." "Then will you tell me how you could have been in this ward all of that two years and not be able to know when a man is dying? I will tell you how I know when a man is dying: I have learned by caring for my patients, by carefully watching them and observing the changes from day to day and from hour to hour, and by being interested in each and every one of them as human beings dependent upon my care.

This will give some idea of the quality of the nursing before training-schools were organized. Do we wonder that a doctor once said to me, "I do not see how hospitals could be run without training-schools"? And thus by training-schools a very great and glorious change has come to the large general hospitals.

What of the small hospitals, which of late years have multiplied so rapidly throughout our land? Could they exist and bear the enviable name they do but for trained nurses? Hardly, for each of these small hospitals has at its head a graduate nurse. If the hospital is very small, the nursing force will be found to consist of graduate nurses only; and we can easily see why the nursing is of so high a character. These small hospitals pride themselves upon the excellent care they give their patients. In some of the larger of the small hospitals will be found good training-

schools,—schools which compare favorably with those of the large hospitals,—and in them will be found women as refined and well educated as those in the larger schools, the work in these hospitals being as varied and the hospitals as well equipped with up-to-date appliances, the methods used being the same as in our largest and best city hospitals. These small hospitals are a necessity and a very great blessing to the country, and they have given to the nursing profession some very able nurses. They do a most needed work, and this our profession has done great things for.

We now come to another class of hospitals, the problem of which has not been fully settled as yet. We have in our midst many large State hospitals for the insane, in which nursing has been of the same class as that in the general hospitals before the organization of training-schools. Better nursing is and has for a long time been a necessity. The only way to secure it seems to be by the organization of training-schools. The question has been, Can nurses receive any kind of training in these hospitals? When I took up the work in insane hospitals I said, Only special training. I have been for nearly five years in this branch of work. I am changing my mind. I find where a training-school is to be found a woman who is a graduate of a training-school of some general hospital is at its head. This same woman brings with her ideas which she puts into practice. She finds, and so do the doctors, plenty of sick people—physically sick, I mean—who need to be cared for and whose care must be the same as that given to sane people under the same conditions of illness. The patient is for the time forgotten and the nurse cares for a sick man or woman. These hospitals, being large, like small communities, say of from six hundred to twenty-four hundred people, will have among them many really sick. They have the same diseases as the sane. We will find in nearly every State hospital an up-to-date surgical department which is often in use, rooms for the treatment of gynæcological cases, of which there are many, occasional obstetrical cases are found, and all these are cared for as they are in other hospitals. The care of the insane calls for a special training, of course, and here the nurses become experts in hydrotherapy. That these schools turn out good nurses may be proved in one instance which I will mention. I have to-day as supervisor of five of our very worst wards a graduate of the Danvers Training-School. All kinds of emergencies are constantly arising, and I have yet to meet one to which she has not proved herself equal. In these hospitals training-schools are new. They have their work to do. But they will raise the standard of the nursing and of the hospitals, as they have done in the general hospitals; and, as in general hospitals, each year will see the schools better than the preceding year.

Material for experience is not wanting; opportunity for practice is abundant.

Schools are a necessity. Training-schools in the past thirty years have, as we have seen, done much for hospitals. But they have done more than this. What a blessing have trained nurses been in the homes of the rich and in the hovels of the poor! Who can estimate the good done in almshouses, tenement houses, schools, college settlements, in missions, and in the army? Let us not forget the hundreds of children who have better mothers because those mothers were first nurses, then wives and mothers.

Wherever we turn we see the fruits of the labor of the trained nurse. This school has in its thirty years given nurses to all branches mentioned. It has been very abundant in good works. May its future far exceed its past! May each year's work be crowned with additional glory?

THE SHORTCOMINGS OF THE TEACHINGS AND METHODS OF THE PRESENT TRAINING-SCHOOLS FROM THE STANDPOINT OF THE GRADUATE NURSE ENGAGED IN INSTITUTIONAL WORK*

BY ANNE S. BUSSELL

Presbyterian Hospital, New York

IN all professions and scientific pursuits there is to-day a decided movement towards specialized work, also towards a more general culture of the individual.

The need of such movement in our profession has been felt by many nurses, more particularly, perhaps, by those engaged in institutional work.

These nurses, the actual teachers of nursing, have not only desired, but have striven for, a high standard in the profession and higher education in the women who enter it.

With the present great demands on their time, strength, and mind they realize the impossibility of attaining by study or any other method the varied knowledge now necessary to come up to the teaching they themselves have striven to provide for their pupil nurses.

It is becoming manifestly impossible that one woman can be or do all that is increasingly demanded of the nurse by the world at large and by those of her own profession

* Prize essay.

Therefore it seems illogical to try to teach every nurse all that is included in our profession. The general teaching—the foundation, as it were—must be the same and must be thorough.

If the increase in the variety and scope of work undertaken by nurses be as great in the next as it has been in the past few years, there must of necessity be some division made along very definite lines. Yet our nurses—as taught now—could not be prepared for specialized work, for the knowledge sought to be instilled is too diffuse, too superficial.

While the general training must be the same, could there not also be some teaching in definite branches of the profession given while the nurse is under the direction and control of her superintendent, who could aid her choice of a special vocation? Otherwise we rely on the spasmodic effort of the nurse after graduation to find her own work and to fit herself for it, often by sad experience, if, indeed, she be fortunate enough to find it.

Should we not be prepared to lead the individual mind, rather than to insist on all nurses taking the one general course. The necessity, however, for a true balance must not be forgotten, for specialized work may be very narrow unless this tendency be corrected by study in other branches.

The deficiency of the present system is apparent in the slight appreciation of cleanliness, in inattention to detail, dislike of domestic as compared with purely professional work, decrease in personal enthusiasm over work and in loyalty to superior officers. Also in there being no aim beyond that of graduating. Individual study and research is almost unknown. Of this much is probably due to the need felt by the nurse of a large superficial knowledge, that she may pass in all subjects sufficiently well to graduate. Much is also due to the lack of teachers, of directed study, and of incentive to careful study and work. Also must be included the placing of undergraduates in charge of wards when insufficiently prepared for such responsibility, and the little time that can be spent in teaching by head nurses, graduate or pupil, if they satisfactorily perform the other duties of their position.

To remedy this, at least in part, women intending later to enter the nursing profession should have some preparatory course. For this a preparatory school has been suggested. This, for women not college-bred, would be a great help. But the idea is, after all, a narrow one. Why should not every college for women add such a course to its curriculum, the course to be elective and a degree given to those women meeting satisfactorily the requirements of the faculty?

Colleges are already well equipped, are known and recognized as teaching centres, the chief advantage, possibly, being the diversity of

thought and method induced in this way. Progression follows from friction in thought, not from a calm acceptance of the same idea by all.

Then the existence of other studies and amusements tends to a more normal grasping of the professional idea than could be obtained in the preparatory school. With this groundwork the college woman may live some years at home, and be better prepared by the advantages of such social experience for her later hospital work.

The woman from the preparatory school is already prejudiced by a year of work and study of one character; then comes for three years more of the same instruction combined with more arduous work. All applicants should be, on entrance, required to pass an examination at the hospital before the applicant is admitted as a pupil nurse.

In the educating of our nurses we might also bear in mind the definition of a cultured woman lately given, "a woman of quick perception, broad sympathies; responsive but independent; self-reliant but deferential; loving truth, but also understanding moderation and proportion."

One of the essentials of culture to-day is "a general knowledge of many things, and a real mastery of one or two."

That dexterity in manual labor increases the mental activity and power is very generally recognized. It has been said that "an educated man is governed by two passions, one for knowledge, one for being of service, of doing good." In our profession both knowledge and service are needed.

In the present reaction to the unnecessary manual labor of the past we have eliminated too much from the instruction of our pupils, and this so far is not replaced by theoretical work. Would not a rational amount of practical domestic instruction be of value to the nurse, particularly if she intends to fit herself for institutional work?

Intellectual study or work is just as important; it is a stimulus to mental power, an absolute necessity of normal intelligence.

A regular course of graded study and the election of study in the third year towards some definite aim would be of benefit. With the increasing variety of work, choice of the branch to be pursued must be made sometime. Could it not, to some extent, be made while the nurse may have opportunity of study in the line chosen under competent instruction?

The second year's examination should determine the work of the next year. Only those nurses attaining a definite high percentage should be eligible for head nurses or for other positions of responsibility in their third year.

All nurses who pass the third year examination, however, must be considered as graduates of equal standing. The profession seems to divide into three classes:

Institutional: the organizing and progressive.

Teaching: the student and writer.

Private nursing: the actual care of the sick.

Some special preparation for each class should be accorded the nurse in her last year of training. This as well as the more general instruction, both practical and theoretical, given to all should be by competent and regularly appointed teachers. They should be required to study continually in advance of the teaching desired, and must have time for this purpose. They should hold regular small clinics in the wards for theory and practice.

Head nurses should have charge of the administration of their wards in every particular, including care of their patients and the conducting of the nursing service. This comes under the direction of the superintendent of nurses and her assistants. Head nurses should have advanced study, but in keeping with their profession. They should teach small classes under direction of the teacher, each head nurse being given a definite subject to teach, and preparation in that required of her.

Lectures by the medical profession are necessary, but should be by men not merely of ability, but of progressive thought. Lectures are sometimes a little deficient in this. They ought to be given, however, so that our work may be in harmony with that of the medical profession.

Lectures by the heads of the various hospital departments on their work would be of value.

The superintendent of the training-school, now superintendent of teaching as well as of nursing, could lecture on professional ethics and other questions of the day, so giving her nurses a higher conception of the work they have chosen.

While three years have to be devoted to professional matters, the social life of the school should be thought of and directed. For this purpose the superintendent, her teachers, and head nurses should combine, and with them the officers of the class societies, so that all nurses would not merely have a part in but feel responsible for the social life of their school.

The religious element should be considered too, for both religious and social life help in the formation of character.

Such an effort on the part of a school and its officers would tend to a high standard of personal and professional honor, also to a more natural life during the hospital training, which would surely give a broader view and a better knowledge of their own profession.

THE SHORTCOMINGS OF THE TEACHINGS AND METHODS OF THE PRESENT TRAINING-SCHOOLS FOR NURSES FROM THE STANDPOINT OF THE GRADUATE NURSE ENGAGED IN PRIVATE WORK *

BY BETTY EICKE

Graduate Salem Hospital, Mass.

IN summarizing the points that call for reform in our training-schools for nurses we would mention first the long hours of work, the restricted opportunities for study, and the few chances for recreation.

It is a psychological fact that when the body is taxed to the utmost the mind cannot do its best work, and the mind of a nurse is no exception to the general rule. The inauguration in many of our large hospitals of a three-years' course was certainly a step forward, but it fails of its highest good if it only mean another year in the hospital and not shorter hours of work in the wards and more time for study.

Usually the years spent in the hospital, although so rich in experience, are yet lost years as far as general knowledge of the world is concerned: newspapers can only be read by a great effort, reading for pleasure merely is almost out of the question, and though time may be given to attend church, it is of little use, for nature asserts her rights and tired eyelids droop and the weary brain refuses to receive impressions. Now, this is not as it should be; it makes a nurse narrow and one-sided, and also encourages her to gossip, for if she lose interest in the outside world, what has she to talk about but hospital affairs?

It is hard to lay down rules, as circumstances vary so in different hospitals, yet it seems as though, if the working hours are from seven A.M. to seven P.M. each day, the nurse should be off duty three hours of that time, and a whole day free from duty once every month would certainly show good effects in the renewed energy with which the nurse would return to her tasks.

If the preliminary training which has been brought to our notice within the past year should become an established fact, it would do away with the difficulty of getting all the studies and all the practical work into the hospital course. It would certainly be a great advantage to a nurse to go through a thorough course in anatomy, physiology, bacteriology, and other necessary branches of study before entering the hospital. Still, such an arrangement would have its disadvantages, for it is just

this combination of theoretical and practical work which makes the hospital course so interesting and valuable. Book-learning by itself is easily forgotten unless constantly reviewed, and hospital work without study is apt to become mere drudgery. Besides, it seems as if a three-years' course properly arranged ought to give a nurse a very good education, providing she has commonsense and a fair general education as a foundation. No young woman lacking these essentials should be admitted.

Another custom to be criticised, fortunately not a very common one, is the sending out of nurses on long cases while in training. This is done to make a little extra money for the hospital, but it is detrimental to the nurse thus sent, for she loses her lessons and lectures and hospital experiences during that time, and gains little or nothing, since she will get enough experience in private nursing after she leaves the hospital. It is also unjust to the graduate nurse, as it takes away the work which belongs to her.

The question of paying nurses while in training has often been argued and much might be said on either side, but it certainly would tend to elevate the training-schools if no money were paid to the nurse, at least for the first year. She should be provided with uniforms and the necessary books at the expense of the hospital, but not with money. Under such arrangements the hospital would feel more duty-bound to regard the interests of the pupil nurses, and might be more willing to give shorter hours of work and more time for study and recreation.

The question of capable teachers in our training-schools has been a vital one for some time, and one of the results has been the establishment of the course in hospital economics at Columbia University. No doubt the future will show the advantage of this onward step. There can be no successful training-school without the right kind of a woman at its head. For as a mother's influence is felt in the home and the teacher's in the school-room, so is felt the influence of the superintendent of nurses in the hospital. Her character will be reflected in the conduct of her nurses and her ideals will become their guide. In all their professional life their standard of right and wrong will be governed by the teachings of their leader, she who revealed to them little by little the mysteries of this most needed art, who led them step by step with daily watchfulness, "whose guiding gave the knowledge to their brains, the cunning to their fingers, which they hold a sure and precious talisman to gain this sad world's comfort, which is more than gold."

Therefore it is not enough for a superintendent of nurses to be able to teach her pupils the practical part of nursing; that, of course, is essential, but more is needed. She must be a woman of culture and refinement, one who will be able to inspire the young women under her

charge with a high regard for their work. Aside from the regular class-work and the very necessary talks on hospital etiquette, a superintendent should never lose an opportunity to impress upon her nurses the peculiar sacredness of their calling. In no other work is it so necessary that all womanly qualities should be developed to the highest degree as in private nursing, and unless this is impressed upon the nurse while in the hospital so forcibly that she shall never forget it, there is danger of her becoming lax and indifferent when the exilement of hospital days is over, thus bringing discredit upon her profession. Thus a superintendent must not only have the present in her mind and see that the machinery of the hospital runs smoothly, but she must ever look into the future and remember what she is fitting her nurses for.

Truly great is her responsibility and great are her opportunities, for it lies with her to educate that ever-increasing host of young women who should be, and usually are, the great comforters of the world. They enter alike the houses of the rich or poor, relieving suffering, sharing burdens, bringing hope and cheer to the disturbed household. No other work calls for higher qualifications or offers richer reward. Let us make it what it should be, let us bring enthusiasm to our work, demand the highest and best in ourselves and others, and never rest content, for stagnation means death; only growth is life.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 199)

I READ lately the statement that a hot bath followed by a quiet sleep would lift years off the shoulders of any woman and make her far more attractive.

This is not, perhaps, the highest basis on which to lay a plea for the daily rest, but it is a very important thought to all women, as the question of appearance has and will always have a large influence in their lives.

Mabel A. Dean in a physical culture magazine says: "Whenever a woman seeks success, it is destined that her personal appearance shall help or hinder. . . . It is more than skin deep; it is soul deep in its far-reaching effects, which shall be felt through future generations."

If we consider a moment we will surely acknowledge that the per-

sonality of our friends has for us a tremendous influence. Is it not a pleasure to pass an hour in the company of a quiet, well-poised character, who has not wearied herself into apathy? And do we not all dread the fussy, nervous caller, who cannot keep still for a moment, physically or mentally?

The busy woman who lives in the midst of household cares, family problems, frequent company, and the limitations of a small house or apartment has urgent need of a short withdrawal of herself daily for rest and sleep.

There are two important periods in our daily lives when we require to be alone—in our communion with God and our resting time.

It is a part—and a very great part—of the rest to be shut away from other influences, no matter how congenial, and thus to relax body, soul, and spirit.

The strongest spirits of this world have lived much in solitude, and the ability to rest and be quiet alone is a necessity for the body as well as the spirit, and has to be cultivated, like all the best things of life.

There are very few “home makers” who could not arrange to put aside thirty minutes out of the long day to rest. At first it may seem impossible, but some unnecessary detail might be dropped from the daily routine. One housewife may be over-particular in having the house ordered thus or so because it is the fashion (thereby cutting all personality out of the home); another may devote much time and nervous strength in looking through the shops and being tempted with useless bargains; or an up-to-date woman may use (or misuse) her spare time in a round of woman’s clubs, meetings, teas, and lectures until she becomes mentally and physically exhausted.

This little resting time is more than an obligation, it is a solemn duty, for our bodies are the caskets of our higher selves, and were given into our keeping to be preserved whole and strong, so as the better to guard their treasure.

Either just before or just after the midday meal is the most profitable time to rest (one authority states that ten minutes before is worth an hour after lunch). Shut yourself away from interruption, loosen the clothing about the waist, and lie flat on the back for half an hour.

Sleep is not always possible, nor is it at all times a necessity, but the mind may be rested and cultivated by reading good literature, for the higher up we climb on the ladder of mental improvement, the clearer will be our outlook over the field of life’s duties and possibilities.

“Our bodies are our gardens to the which our wills are gardeners,” says Othello, and our bodies will rise strong and refreshed if we exert our will power to give the needed relaxation.

One excuse often given for omitting a few moments' rest during the day is that one hesitates to disturb the immaculate neatness of the bed and take the time and trouble to restore it to order! The remedy for this is a comfortable sofa in the bedroom (one may easily be constructed with a cot bed, mattress, and divan cover), with a small blanket or rug to throw over one while resting. Should this not be possible, a thin blanket or old coverlet might be laid on the outside of the bed over the white spread, and a moment will suffice to slip it off and smooth out the draperies when the resting time is over. It is wise to lie with the eyes turned from the light, so that they may share in the soothing rest.

Rest before eating when overtired does not have the place in our lives that is its due. Ten minutes, even, on the back when one arrives home breathless with the nervous strain of a busy day will send one to the table in far better condition to digest and assimilate the food. I heard of one poor workingwoman who made a rule of lying down for a few minutes every evening on her return home before she touched her supper.

Women have control of their own health more than they dream of, and much of their suffering might be laid at their own doors.

Rest, exercise, fresh air, and sunshine might well be classed under the head of "preventive medicine," and if taken daily there will be far less need to have recourse to the disagreeable remedies required after the body is stricken with disease.

After rest comes exercise in the open air as an important factor in the preservation of health and personal attractiveness.

There are many women who slide into the "stay-at-home" habit (a most difficult habit to overcome), and fuss around the house with the mistaken idea that they are taking the right sort of exercise. You will seldom see cheerfulness and good-humor depicted in the faces of these stay-at-homes, and they are much given to morbid, self-centred interests.

Nothing can take the place of out-door exercise; it is entirely different from walking around the house, as each breath one draws in the pure air gives one fresh strength and courage, and the getting outside of one's own little home world will act as a wholesome tonic.

Running has been adopted lately by some of the most up-to-date women: a daily run commencing with a few yards and slowly increased to half a mile or more, the runners returning home all aglow without and within, and with grace added to their figure by the vigorous exercise of the muscles.

(To be continued.)

NURSING OF A TYPHOID

By MARY J. REYNOLDS

Graduate New York City Training-School for Nurses

HARDLY any disease is so trying to the skill and patience of a nurse as *typhoid fever*. There are the long and weary days and nights when the temperature is running high, often delirium following, with the patient constantly refusing nourishment when you feel it is the most needed to restore him back to health; then comes the tedious convalescence, when the patient is so anxious to eat and once more get about, so that a nurse's resources are often drawn upon to the limit, making us all wish that someone would think of something that would be helpful. And then to be in charge of a typhoid case means that not only shall you carry out all the proper measures yourself, but see that everybody else does so too, and that no one either ignorantly or wilfully prevents or thwarts such measures.

The first thing to be arranged for is absolute rest and quiet for mind and body, as any exertion or excitement increases the temperature, consequently pulse-rate is increased and more strain is put upon the heart.

The patient should be in a light, airy room, as he or she does much better where there is plenty of light; and there is every reason that the room should be cheerful, for while it may not matter to us how cheerless our sleeping-rooms are, the sick-room must never be so, for when a pale, withering plant and a human being are placed in the sunlight, if they are not too far gone both will recover health and vigor in time. It is hardly necessary to add that in cases sometimes the eyes are very weak and sensitive to light, but this you can always control by shades and curtains. These curtains should be of washable material and washed once or twice a week. The bed, when possible, should be iron and the mattress hair.

The bed should never stand against the wall. It must be possible to get on all sides in order to reach all parts of the patient without stretching—a thing quite impossible when the bed is too wide, too high, or in a corner. A good, clean way to make a bed for a typhoid case is to have a piece of rubber sheeting a yard and a half wide and long enough to tuck under the sides of the mattress; over this spread cotton sheet and pin at the corners; then take half of a cotton blanket, fold, and pin to the sides of the mattress, and then over this pin the draw-sheet. This extra thickness is necessary to protect the patient's body from the irritating moisture caused by perspiration coming in contact with the rubber. Then comes the top sheet, a light wool blanket, and never a heavy spread, but a thin cotton one. All linen must be changed once a day at least.

It is impossible to give a rule for the arrangement of the pillows, but the object to be attained is to support the back below the breathing apparatus, to allow the shoulders to fall back, and to support the head without throwing it forward.

Tall patients suffer more than short ones because their long limbs drag from the waist. This can be somewhat relieved by placing a pillow to press the feet against.

The one great thing in typhoid is cleanliness; it is just as necessary to keep the skin free from all obstructing excretions as it is to renew the air. The bathing should be done on a rubber sheet, so that plenty of water may be used. Bathing in this way, the bath has quite another effect besides cleanliness, for the skin will absorb the water, thus causing it to become softer and more perspirable. Water should be fresh as well as the air about a patient; it should be soft, for when soap and hard water are used it actually dirties the patient's skin; the oil in the soap, the perspiration from the skin, and the lime in the water unite to form a kind of varnish on the skin, which when rubbed will roll up in dark flakes; so when rain or distilled water cannot be had boil all water for bathing and sponging; this will remove much of the hardness. When the bath is finished a little powder in the armpits, back of the neck, groins, and back is refreshing and destroys that odor to some extent so noticeable in typhoid.

The tongue should be kept clean with a good antiseptic solution; water, listerine, and a few drops of glycerine make a very good one. This should be used often, and always after nourishment has been taken.

The temperature, pulse, and respiration are usually taken every two or four hours, and a temperature of 103° is an indication for something to reduce it. The ways and means of reducing temperature are many, and almost every doctor has a different method, but sometimes you are left to your own ingenuity. The method below is always practical; it tires the patient the least, reduces the temperature in most cases, and causes the least commotion.

I improvise a sort of a tub on the bed. One must have a rubber sheet or oil-cloth large enough to cover the bed and to hang a few inches at the foot. I place this under the patient and over the pillow. At the sides under the rubber sheet I place a small cushion or, best of all, a Turkish towel rolled lengthwise. This places the patient in a sort of a rubber-basin on the bed. I bring the corners of the rubber sheet together at the foot, forming a channel for the surplus water to flow into a vessel at the foot of the bed. I then elevate the head of the bed a few inches by placing blocks of wood under the legs. A cold compress or ice-bag is on the patient's head. I then begin to sponge, first with tepid water, grad-

usually making it cooler, as I find ice-cold water is so very distressing to the patient to begin with; the tepid water does no harm and it is much more agreeable to the patient than to be suddenly dashed with ice-cold water. I use a large sponge, and as I sponge I squeeze out the water and flush all over the body, as if I were cooling a heated surface. When I begin to use the ice-cold water I remove the ice from the head, and if the patient is shivering much I place a hot bottle to the feet.

A bath given in this way to reduce temperature can be endured longer than a tub bath, and the patient is not disturbed except to put the rubber sheet under him and to remove it.

I never wipe the patient dry, but at the last sponge him over with alcohol and water, which quickly evaporates, leaving the skin soft and moist with a refreshing tingle.

Now is the time nourishment or some stimulant should be given. The patient will oftener take it at this time than at any other. Medical men are getting more liberal, and more things are allowed the typhoid patient of to-day than of a few years ago. There are always milk and beef-tea; there are beef jellies and beef extracts; there are oats, rice, and barley to make delicate gruels; buttermilk is very useful; egg albumen, lemon, and a little cracked ice are very good, as the coated tongue often craves something sharp to the taste.

One very important thing to remember is not to dilute things any more than necessary: for instance, if your patient is ordered four ounces of brandy in a day, how will he take that amount if you make it four pints by diluting it? It is the same way with beef-tea, milk, etc.

It requires observation and care to determine what will not be too thick or strong for the patient to take, while giving no more than he can comfortably take.

Nothing is so trying as the effort to induce a patient to take nourishment; and typhoid cases must be urged and persisted with, and it is the observation of little things that enables us to influence our patients.

Opening a window will make one patient take nourishment, or the way you pillow his head another, so that he can swallow well; bathing the face and hands with cool water another; merely passing a wet towel over the back of the neck a third. I remember once when ill the way in which a spoon was put in my mouth meant a great deal.

All nourishment must be charted, so that at the end of every twenty-four hours you will be able to know exactly how much and of what the patient is taking.

All articles of bed linen, personal clothing, anything coming in contact with the patient, when removed should be placed at once into a disinfecting solution. The best, the cheapest, and always obtainable disinfectant is chloride of lime.

The disposal of excreta and care of the bedpan is most important of all. A little chloride of lime should be sprinkled into the bedpan before it is used, and when removed from the patient sprinkle more chloride of lime and allow to stand at least one hour; then empty and scald well. A solution of chloride of lime must be kept on hand to pour into the closet, and the closet should be well flushed each time it is used.

When convalescence fairly sets in the patient has longings for food, which if indulged might lead to violent reaction or even relapse. It has happened that a single well-meant but ill-directed indulgence has ended in death. This is an exceedingly trying time for the nurse, for not only must she deal with her patient, but with officious friends, who never consider that convalescence has its degrees and its course the same as the disease, and that the after-nursing is just as important as when the patient was unable to lift the head from the pillow.

There are other indulgences besides those of the stomach: patients are apt to overexert themselves, friends often carry on long and tedious conversations, prolonged readings, error in too little or too much clothing, and one must remember that in all these things the patient is, so to speak, like a child, for neither mind nor body has recovered its tone, and for a time the nurse must guide him by her experience.

As regards infection, true nursing knows nothing except to prevent it; cleanliness and fresh air and unremitting attention to the patient are the only defence a good nurse asks or needs.

THE NURSE AND THE MEDICAL MAN *

By CASEY WOOD, M.D., D.C.L.

Ophthalmic Surgeon to St. Luke's Hospital

THERE are at least two reasons why medical men are particularly interested in training-schools for nurses, and the first of these is, perhaps, the more important one, viz.: the success of the physician's treatment of a case, whether it be purely surgical, purely medical, or a combination of these, depends to a very large extent upon the intelligent coöperation of the nurse. Then, in the second place, scientific nursing and scientific medicine for the last fifty years have been so associated that we can hardly think of the one without being reminded of the other.

Before the years of the Crimean War there were faithful, conscien-

* An address delivered to the graduating class of the St. Luke's Training-School for Nurses, Chicago.

tious, and (in a sense) trained nurses, just as there were devoted and skilful physicians, but modern professional nursing as well as modern medicine, and especially that most important of all branches of the healing art, preventive medicine, date from about the same period.

Another parallel between the practice of medicine and the art of nursing might be drawn in the fact that the beginnings of these forms of wisdom showed themselves first in the East, because you must remember that Florence Nightingale carried on her pioneer work not in Europe, but in Asia. I well remember thinking of this curious coincidence when I first saw across the Bosphorus the Scutari Hospital, where were first enunciated those rules of professional conduct whose practice we celebrate this evening. Although it is an old story, it may not be inappropriate to refer to the condition of things that prevailed when Miss Nightingale (whose eighty-first birthday was celebrated only a few weeks ago) landed on the shores of Asiatic Turkey. There she found two thousand three hundred wounded soldiers, with five hundred more coming in. Most of these, worn out by wounds and disease, lay dying on bare floors for want of the simplest attention. All the ordinary arrangements for the care of the sick and wounded had entirely broken down. As one writer tells us, Florence Nightingale at this juncture arrived like an angel from Heaven. No personality exposed to the public eye from the gloomy, ill-managed Crimean War stands out so brightly as that great woman, who brought order out of chaos, and taught the world how devoted, educated, refined womanhood could find in nursing the sick and wounded one of the noblest occupations opened to her sex.

The splendid present the people of Great Britain gave her, amounting to a quarter of a million dollars, she donated to the establishment of nurses' training-schools, and we have a right to claim that even greater in its effect upon the times than her work and example in the hospitals of the Crimea was this act, pioneering a new era of nursing in consequence of the training-schools established by her. From the seed thus wisely sown have sprung and increased a hundred fold, all over the world, noble institutions from whose doors emerge every year members of a sisterhood whose gentle ministrations are known and appreciated by us all.

There are some aspects of nursing that the public do not, perhaps, value as they might, and which I would like to refer to. It is not often considered by the patient and his friends how much more effective and how much more satisfactory are the physician's efforts to restore health than in the old days because of the increased knowledge of medicine possessed by the trained nurse. I can well remember how dubious were even members of the profession when it was proposed to expand the cur-

riculum in the training-schools. "A little knowledge is a dangerous thing," said one. "The nurse will attempt to teach us before long," said another, and so on. Altogether, it reminded me of the ancient argument against the introduction of machinery, that the handworkers would starve. I need not tell you that these anxious prophecies have not been fulfilled, and we now know that we desire to teach our graduates in nursing as much as we can, not that they may make embryo-doctors, but intelligent and, in consequence, more useful nurses, that they may the more effectively aid the medical attendant in combating disease in the pursuit of his arduous duties. That this has been the result of following such a policy is now acknowledged by most members of both professions.

It must not be supposed that because of the important relations that nursing bears to the practice of medicine either doctor or nurse should ever forget their chief *raison d'être*—the welfare of the sick people to whom they jointly minister. Hippocrates, wisest and best of all the Fathers of Medicine, long ago reminded us that we cannot go wrong if we always bear in mind the interest of our patient. Put in another way, by another Father in Healing, let us do for the sick one just that we would have done to us were our positions reversed.

I regard it as a good omen that while we are here gathered to wish "God-speed" to this band of trained nurses they are tearing down the old Black Bull Tavern in Holborn, where Sairey Gamp nursed Mr. Lewsome in partnership with Betsy Prig—"Nussed together, turn and turn about, one off, one on." I am glad to hear of the demolition of that old building in London because I feel sure that its removal is symbolic of the disappearance from the face of earth of a phase of professional nursing that has no kin with that, for example, which is typified by St. Luke's Training-School.

I have tried in these few minutes to impress upon you, from the standpoint of my *confrères*, not only the very great importance of the work you have undertaken, but to assure you that *your* success will, in a great measure, be regarded by us as *our* success, *your* failure (if such a thing be possible) as *our* misfortune.

"Blessed is the man who has found his work," says Carlyle, and, let us add, thrice blessed is the woman who has found hers in nursing the sick and in caring for the wounded.



THE YEAR'S PROGRESS IN ARMY NURSING

BY DITA H. KINNEY

Superintendent Army Nurse Corps

WITH the permission of the Surgeon-General I have the honor herewith to submit for your information a short report of my work, and at the same time to bespeak your help and interest in all that pertains to it, as well as to ask you for any suggestions for its perfecting which may occur to you, either as you sit in council or later as individuals.

About a year ago the Honorable the Secretary of War entered into a policy of radical retrenchment in all branches of the service. The Medical Department did not escape, but was made to feel the practical effect of such a policy in regard to its surgeons, nurses, and hospital corps. The number of nurses in three years has been reduced from two hundred and fifty to one hundred, which it must not exceed for the present.

Were all the hospitals where members of the corps are serving in the United States it would be a comparatively simple matter to get on with the allowed number, because so little time would be lost in transfers from one place to another. The enormous distance to the Philippines and the time required to traverse it greatly complicates the situation. The commanding officers of the various hospitals are constantly clamoring for more nurses, which we are unable to supply. On all sides these gentlemen say no commendation can be too high for the work done by the nurses, and to you ladies, as their teachers and exemplars, all this credit belongs.

The position of the nurses and their recognition in army circles grows more and more satisfactory month by month. In the Philippines social courtesies are accepted and returned between officers and their wives and the nurses. A special invitation is always sent to the Nurses' Quarters by Governor and Mrs. Taft for all functions at the Government House, and there have been occasions when both were the guests of the nurses.

During the late meeting of the Spanish-American War Nurses in San Francisco a reception was given them by the members of the Army

* Read at the meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, October, 1903.

Nurse Corps on duty at the General Hospital in that city. The commanding officer made the address of welcome. The Chief Surgeon and hospital staff were guests, also the British Consul-General. Besides this the commanding officer rendered every possible assistance in entertaining the guests during their stay.

Such incidents are in sharp contrast to the days when the nurses were socially ignored and only professionally endured as a questionable good.

The most notable achievement of the year is the accomplishment of the long-desired change in the transport regulations—assigning nurses to the saloon mess after the medical officers. Some of the chiefs of the various departments to which the matter was “respectfully referred for remark” fought it, but that matters little, as we won.

As their superintendents, ladies, you have every reason to be proud, as I am, of the showing of your pupils, and of the place they have made for themselves in the face of many adverse circumstances and conditions. These things have been accomplished solely and only because of their professional excellence and their personal attributes of character and heart. They uniformly express themselves in personal letters to me as a well-satisfied and happy body of women.

There are still a few things which I desire and hope to get for them, notably two:

1. Some modification by Congress of the present law in re of their subsistence, so that it will be unnecessary for them to contribute from their salary to have their table what it should be.

2. That when circumstances are such, from pressure of work in the hospital, that they cannot be given their annual leave, this may become cumulative. With these points gained I cannot see much left to be desired from the nurses' standpoint.

From the point of view of the Medical Department we look forward to the completion of the big General Hospital here in Washington, where all nurses will enter and serve for a certain term, and where perhaps in time the Medical Department might even have its own army training-school.

Great improvements are in progress in two of the general hospitals in the United States,—*i.e.*, the one devoted exclusively to the treatment of pulmonary tuberculosis at Fort Bayard, N. M., and the large General Hospital at the Presidio of San Francisco.

At the former an expenditure of one hundred thousand dollars has been authorized. Most of the cases at this hospital are ambulant, but there is an infirmary where those who are running a temperature or who need more than general care are placed. This is to be doubled in size

and capacity, and there is to be a new hospital for officers. A medical storehouse, crematory, receiving vault, morgue, and laboratory are to be built. The reservoir supplying the hospital with water is to be enlarged. Five portable houses are to be put up and used for officers' quarters. Other buildings are to be built as needed.

The nurses here, of whom there are twelve, have a house by themselves with every comfort and convenience, and a most excellent mess without any cost to them.

At the Presidio there are thirty-eight nurses on permanent duty, with pretty, comfortable quarters in a wing of the hospital used only by them. They pay into their mess two or three dollars a month—more than they ought.

At this hospital there is to be a new operating-pavilion, with as fine an operating-room as can be built.

There will be under this roof surgeons' dressing-rooms, sterilizing kitchens, anæsthetizing-rooms, recovery-rooms, and a room for the preparation of dressings. All floors will be tiled, all walls and ceiling coapstone finish, all angles rounded.

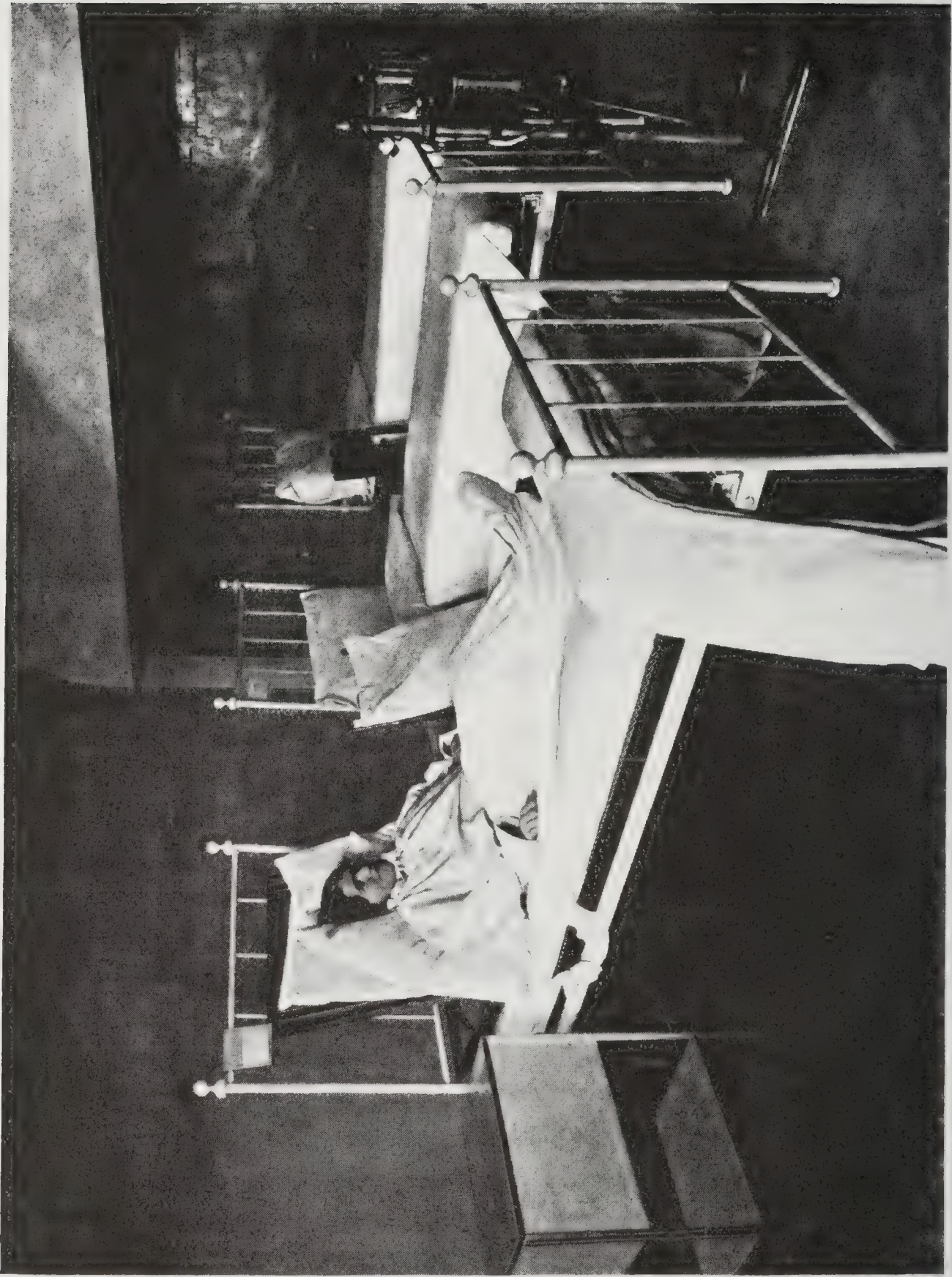
The walls of the operating-room will have door casings and a wainscoting of marble six feet high. They are to be tiled to the ceiling. The room will be lighted by a large skylight of corrugated glass. It is estimated the building will cost only twenty-five dollars less than twenty thousand dollars.

Thus you see our nurses have the advantage of service under all conditions, from those approved as the latest and best for the wonderful aseptic surgery of the day, to the outposts where ingenuity, training, and intelligence must make the most of simple appliances and the best of unfavorable conditions.

I cannot close without making a sincere acknowledgment of our indebtedness to those among you who have helped us to select this noble body of women. Appointments are never made other than in accordance with the recommendations of the superintendent under whom the applicant was trained, and the value of these papers to the office of the Surgeon-General is beyond computation. The information thus secured is never, under any circumstances, given out, so I feel I may ask for a continuance of these favors, and that the reports on these blanks should be made as full as possible. Without these our work would be at a standstill.

I am enclosing a little tabulated memorandum on the date of this writing of the nurses and their stations for anyone who may care to see it.

Of the Navy Nurse Bill we as yet hear nothing.



SIMPLE DEVICE TO PREVENT SLIPPING

UNITED STATES.	
SAN FRANCISCO, CALIFORNIA.	
Assigned to regular duty	36
En route for regular duty	3
	— 39
Fort Bayard, N. M.	12
Fort McDowell, Cal. (Hospital Corps School of Instruction)	1
Home awaiting discharge	3
Total in United States	55
PHILIPPINE ISLANDS.	
First Reserve Hospital, Manila	32
Corregidor Island, Luzon	5
Iloilo, Panay	5
En route to Philippine Islands, sailed October 1	3
Total in Philippine Islands	45
	100

SIMPLE DEVICES FOR THE COMFORT OF PATIENTS

By JESSIE McCALLUM

Associate Superintendent Post-Graduate Training-School, New York

THERE are no patients who complain of discomfort more than those who, on account of dyspnœa, must remain in bed in a sitting posture.

While the head-rest may be utilized to maintain this sitting posture, such cases are difficult to manage on account of the tendency to slip towards the foot of the bed.

To prevent this slipping it is common usâge to put a pillow at the feet, but this not only keeps the feet uncomfortably warm, but it is clumsy and completely demoralizes the appearance of the bed.

A simple method of overcoming the difficulty is here illustrated. A sheet folded diagonally is securely fastened to the sides of the bed, thus forming a loop against which the feet rest, a suitable pad or folded sheet laid therein making it more comfortable.

Another simple contrivance for accomplishing the same end is the use of a rubber-covered pillow, doubled upon itself and placed under the buttocks. Through the fold a muslin bandage is slipped and the ends tied to the head of the bed. This device will be specially useful with children and patients too restless to keep the feet in the sling.

Children in extension likewise require some support to maintain their position in bed, and those engaged in orthopædic nursing will find that a neatly folded towel around the waist, with a muslin bandage slipped through it in the back and tied to the head of the bed, will successfully counteract the tendency to slip.

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University
of Chicago

(Continued from page 195)

VIII. INORGANIC CONSTITUENTS OF FOODS

IN deciding upon the kind and amount of food necessary to sustain the bodily functions, we should expect to find in the composition of the body itself a clew to our labyrinth of possibilities. Food in its province as a builder of tissue must be able to supply all the elements present in the body, and it must be able to supply them in a form in which they can be utilized. Food, therefore, must not only contain the sixteen or more elements that enter into the make-up of the body, such as carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, and calcium, but it must contain these in the combination in which they exist in the body, or in a form that can easily be changed into such a combination.

The following has been given as the approximate composition of the body of an adult of average weight:

	Pounds	Pounds
Mineral matter		11
Water in bones	5	
Water in blood	9	
Water in muscle	50	
Water in other tissues	44	
Total water		108
Proteid in bones	6	
Proteid in blood	2½	
Proteid in muscle	16¼	
Proteid in other tissues	5	
Total proteid		29¾
Fat		5
Carbohydrate		¼
Total		154

These proportions by no means indicate the amounts in which these different food principles are to be supplied, for a certain amount of food must always be utilized as fuel, and the work to be performed will largely determine the amount of fuel needed. Even with the food principles whose chief or only function is that of building material the proportions necessary will be only very roughly suggested, the daily excre-

tion from the body rather than the amount present in it being the determining factor.

In the case of water the amount required in the daily diet is commensurate with that in the body. A little more than about two-thirds of the body is water, and the water required daily is approximately two-thirds the total amount of food, or from four to six pints. This may be taken in the form of tea or coffee, in juicy fruits, such as oranges and grapes, in milk, and much of it even in foods that we ordinarily think of as dry, such as meat and bread.

The uses of this large amount of water are many. It acts as a cleansing agent, and is as necessary for this purpose to the interior of the body as to the exterior. Water is often called the universal solvent, and in this capacity it is very important. Only substances in solution can pass through the intestinal walls, and the soluble proteids and carbohydrates (in the form of sugar) are dissolved in water in order to enter the circulation. It is quite probable that the fats are saponified in the intestine and dissolved in water also, instead of passing the intestinal wall in the form of an emulsion, as has been supposed. Water acts as a carrier, both conveying the food to the tissues and the waste matter from them.

If a little ether or alcohol be put into the palm of the hand and allowed to evaporate the hand becomes very cold. This illustrates the use of water as a regulator of the heat of the body. Constant evaporation is going on from the skin, and the increase or lessening of the amount of this evaporation cools the body with greater or less rapidity.

Mineral matter is present in the body chiefly in the form of lime salts and of compounds of sodium, potassium, magnesium, and iron, as phosphates, sulphates, carbonates, and chlorides. Nearly all of our foods contain mineral matter in some form. This remains as ash if we burn off the organic constituents of flour or of milk or of almost any other article of diet. The exact part that these mineral salts play in the metabolism of the body is still obscure in some respects. One function is very evident, since the bones are so largely built of this material. The mineral salts also aid in forming the digestive juices, and probably help in the solution of certain substances less soluble in water alone than in water containing salts. Whatever may be their whole work in the body, they are certainly so necessary to life that death would ensue in about a month if they were entirely cut out of the diet.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



A NURSE'S HANDBOOK OF OBSTETRICS. For use in Training-Schools. By Joseph B. Cooke, M.D., Fellow of the New York Obstetrical Society, Lecturer to the New York City Training-School, Surgeon to the New York Maternity Hospital, etc. J. B. Lippincott Company, Philadelphia.

The limitation implied by the title of this book is to be entirely disregarded, for however essential the work may be to nurses in training, it is absolutely indispensable to nurses whose graduation day dates back a bit, but who are anxious to escape being classed as "old nurses." The book, which only emerged from its first existence in the form of lectures to the New York City Training-School for Nurses last March, has, we are informed, gone into its second edition, the first edition having already been entirely exhausted.

For careful, minute, detailed teaching we have had nothing like it on the subject heretofore, and it ought to have a place on every nurse's bookshelf, and go with the obstetrical nurse to her every case.

"It is intended to contain all of the science and art of obstetrics that a nurse need know in order to practise her profession in an intelligent manner consistent with her position as a scientifically educated woman, combined with a clear exposition of the principles and practice of maternity nursing."

The first six chapters comprise a very thorough review of the particular and functional anatomy and physiology necessary to the subject, with the development of the fœtus, etc.; then come in order the signs and symptoms, disorders and management, of pregnancy; this chapter (IX.) is particularly valuable as "preventive medicine," the practice of which the author in his introduction so strongly recommends to nurses. The directions for proper diet elimination, etc., are most practical and helpful. Chapters X. and XI., the nurse's outfit and patient's ditto, are the most complete lists of their kind that one could imagine, including sizes of pins and quality of muslin; not the smallest detail is missing. The tired nurse who at an instant's notice has to collect her outfit will hail these lists with joy. Chapters XII. to XV. treat of the "Mechanism," "Phenomena," "Preparation," and "Conduct of Labor," covering all about normal labor. Chapters XV. and XVI. take up "Operative Delivery" and "Accidents and Emergencies." Chapter XVIII. brings us into the purely nursing field again, which continues to the end of the book, the physiology and management of the puerperium, care of instruments, catheterization, diet, incidental disorders, the care of the normal infant, the care of the feeble or premature infant, winding up with a splendid chapter on infant feeding. The book is enlightened by over three hundred illustrations, and it has appended a glossary of over fifty pages in itself of considerable value. The book costs only two dollars.

EUROPEAN TRAVEL FOR WOMEN. By Mary Cadwalader Jones. Macmillan & Co., New York.

We are all looking ahead and thinking of the spring trip and the Berlin Congress, and it seems not too early to begin preparations, for, as some one says, "one brings away from a trip abroad in proportion as one goes prepared." The guide-books are many, and to one making the initial trip somewhat bewildering, and it is advised that a certain amount of preliminary reading will greatly assist in the choice of books when one is really on the move, and it becomes necessary to narrow down one's list to a minimum. Not with those left behind can we class Mrs. Jones's "European Travel for Women," for though entirely different from the ordinary guide-book, it is so seemingly indispensable to the lone woman traveller that one wonders what she did before the book existed. Perhaps the answer is that the book came into existence with the independent woman tourist. Before this era the *courrier* or the *courrier* maid ruled undisputed.

The preface to the book modestly sets forth that it aims to tell women "what they had better take with them in going abroad for the first time, and to tell them how to get about most comfortably after landing." It does much more than this, however.

The first requisite the author advises on is the frame of mind which the traveller is to carry: "Unless travellers are willing to leave national prejudices behind them, and ready to see whatever is characteristic and excellent in a foreign country, without finding fault because it is unfamiliar, they had better remain at home. Americans are among the worst offenders in this regard; and there is no greater nuisance than the man who growls because he cannot get buckwheat cakes, or the woman who fusses when she has to do without iced-water." And again: "Remember when you go into a strange country that its inhabitants have not sent for you; you go among them presumably of your own accord, and their manners and customs cannot possibly seem stranger to you than yours do to them. It is scarcely worth while to go to Europe for the purpose of proclaiming all the time that America is in every way better; if that is your opinion, you can show it by going home and never leaving it again, but while you *are* abroad try to get all the pleasure and profit possible out of the visit."

We are to try to see things from the point of view of the average citizen of the place where we may be. We are told that many of the abuses of which travellers complain are perfectly justifiable and proper in the places where they are practised. The principle of tipping is explained and the rate one is expected to pay—a most perplexing problem to the unaccustomed, for you are expected to pay your tip, no more and no less, the tip-takers having their own standard of independence.

There is an easy little rule for life on shipboard and in railway carriages, the proper bearing at hotel tables, in the shops, towards servants, among equals or superiors, which we would do well to mark if we would escape the opprobrium of being "queer," "foreign," or "uncultured."

In preparation for the journey one is advised to decide on the sum total to be spent and subdivide it into weeks and even days, so that you may know how much to allow for each day. "Young and strong women can get along on two dollars per day." Letters of credit and express checks are discussed, foreign money, luggage, what to carry in your cabin, the marking of trunks and steamer chair, etc., etc. The chapter on crossing the ocean leaves no detail untouched, and is concluded with the most delightfully kind advice, which may be summed up in a word or two—be a lady on shipboard and off.

Once on the other side, there is a chapter on England, some timely hints for your guidance as well as much important information. Germany, France, and Italy have each their own chapter. Each is a great book in very little, and each gives a useful list of books for local reading.

The last hundred pages of the book are devoted to comparison of Réaumur, Fahrenheit, and Centigrade thermometers, to metric measures, a little word on foreign pronunciation, often abused, and some useful verbs and phrases.

Mrs. Jones has done so much for the nursing profession, and been so long identified with its interests, that although the book was written for women in general, one feels like claiming it as one more good thing she had done for us.

PARIS AS IT IS. By Katherine de Forest. Doubleday, Page & Co., New York.

Another book which one can read by way of preparation if Paris is included in our trip abroad, or which can be of great solace to the grief of staying at home if we must, is Miss de Forest's "Paris as It Is: An intimate account of its people, its home life, and its places of interest." So runs the title, and very promising it sounds, and it is a promise that holds good from cover to cover. Some way Miss de Forest takes us into the very atmosphere of Paris and makes the most careless and heedless observe and comprehend something of the meaning of things. The chapter on "French Homes," of which the *Booklovers' Bulletin* says it is "a light to those who sit in darkness and condemn all Frenchmen as airy, immoral, and unstable," is also somewhat of a stinging goad to the American home- and housekeeper—she whose cry and lamentation of drudgery and bad servants fills the land so largely at present. She would do well to "read, mark, learn, and inwardly digest" that chapter. I have seldom read any more pleasing and delightful word-picture of home life than those two little sketches of home life—the family pinched for means, yet managing to maintain themselves with all the necessities of life and many of its luxuries, and the other family with larger income and more fertile resources living almost the same sort of life as their poorer neighbor from choice.

There are glimpses of economies that cause one's eyes to open with amazement. "In very good French houses the fire will be lighted in the salon only when the company has actually rung at the door or on the days of reception." The chapter on the "great shops" you cannot afford to miss. The "Louvre" and the "Bon Marché" will not seem to you like "Stern's" or "Macy's" after reading it—"Bon Marché," the Socialistic Republic; "*Printemps*," which on the twentieth day of March, the legendary day when the old chestnut-tree of the Tuileries puts forth its first leaves, gives away twenty-five thousand bouquets of violets; the "*Louvre*," which gives away five hundred balloons daily to the children of Paris; "*Samaritaine*," which combats superstition by giving every Friday purchaser a tea-cup, a sugar-bowl, or a tray. And the museums of art—how much she shows you of them even in black and white print! Like Mrs. Jones's book, this is in no degree a guide-book, but it shows you things these never dream of hinting at, the real living things.

HISTORY OF FRANCE. By Arthur Hassall. J. M. Dent & Co., London.

An absolute necessity in a foreign country is some book of reference for the history of the country itself. The usual drawback is that history means many huge tomes, impossible to carry about and ponderous to search through when one wishes to certify a date or look up a treaty. This one is a most convenient

as well as complete little volume in the Temple Primer series. It can be tucked away in the same space as one's book of devotions, is light, good print, and most conveniently indexed, so that one has no difficulty in looking up any era, from the Roman conquest before Christ down to the present day. Some of the changes in French history come suddenly and close upon the heels of one another, and it is a saving of time to look up rather than think up these on occasions.

THE SEA LADY. Methuen & Co., London.

After so much rather sober reading as the foregoing list a little nonsense will not come amiss to balance with. Nothing lighter or more nonsensical could you very easily find than the "Sea Lady." I must not tell you the story, for that would spoil it, but do just glance at the Buntings and the Misses Glendower going down to the sea to bathe. "The Buntings did not bathe mixed;" a thing, indeed, that was "still very doubtfully decent in 1898, (!) Mrs. Bunting going first, looking, as it were, for a Peeping Tom with her glasses;" the three young ladies in their beautiful Paris bathing dresses, but completely covered by hooded gowns of towelling; "then Mrs. B.'s maid and the second housemaid and the Misses Glendowers' maid;" a little interval and the two men "with ropes and things." "Mrs. Bunting always put a rope round each of her daughters before ever they put a foot in the water and held it till they were safely out." "As soon as they had reached the high-water mark, where it is no longer indecent to be clad merely in a bathing dress, each of the ladies handed her attendant her wrap, and after Mrs. Bunting looked carefully to see if there were any jelly-fish, and then they went in."

The chapter on the journalists revives one's interest just as the reader begins to tire a wee bit of these honest Britons; but the chapter on "the quality of Parker" drives one to the point of hysterics. Parker is a lady's maid engaged to stand between the Sea Lady and the vulgar gaze of the world. She is a sphinx and stoic. She is also an adept at dissimulation. Don't pay money for such frivolity, but if the book comes your way and you want to laugh, read it.



JUSTICE MAYER, of the Court of Special Sessions, of New York, read a paper on "Criminal Procedure against the Unlawful Practice of Medicine" at a meeting of the Society of Medical Jurisprudence, in which he said: "The worst agency in New York to-day that helps the man who sells either real or pretended abortion medicine is the newspapers, for they make it possible to snare the unwary, the superstitious, and the fearful. I suggest that in the new school of journalism in Columbia there be a chair of advertising, and let it be taught to the young men of the newspaper profession that the first duty of a great newspaper is to censor its medical advertising. If the decent newspapers will assist in the gradual uplifting of public opinion concerning the men and women who engage in these disreputable and criminal occupations, it will be only a matter of a short time until they are driven out of business."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



ALCOHOL.—The *Journal of the American Medical Association* gives a synopsis of a paper in the *British Medical Journal* on this subject as follows: "Hyslop considers that alcohol always has an evil action in healthy individuals, though it may be used wisely in times of need as a stimulant, nutrient, and antipyretic. Stimulating a worn-out machine, however, by improper fuel is not productive of good results. He makes a comparison with financial conditions, and claims that alcohol is only useful as a loan to avert physical bankruptcy. It may help to tide over a bodily crisis until the organism can repay the loan with its accumulated interest. The action of alcohol on the nervous element is noted, as also the changes in alcoholic insanity."

MOIST DRESSINGS—Dr. Charles H. Lemon in the *Wisconsin Medical Journal* recommends the use of moist dressings in compound fractures. He advises the application of hygroscopic gauze moistened or wrung out of water or an antiseptic solution and applied to the wound. Evaporation and consequent drying is prevented by covering the dressing with oiled silk or gutta-percha tissue. It stimulates the capillary circulation in the region of the wound and induces a vigorous blood-current which mechanically washes it out and brings an abundance of blood-tissue to the part. A foreign contemporary in an article on the after treatment of septic operations says a wet dressing soothes pain far better than a dry one.

CYANIDE OF MERCURY AS A SURGICAL ANTISEPTIC.—Dr. Charles Green Cranstoun in the *New York and Philadelphia Medical Journal* advocates the use of cyanide instead of bichloride of mercury as an antiseptic in surgery. His formula is mercury cyanide, one-half gramme; sodium borate (C. P.), one gramme; aniline red, sufficient to color the solution. It does not irritate the tissues and does not coagulate albumen. It does not injure metal when rendered alkaline by the addition of soda. The hands remain soft after its use and the sense of touch perfect. It is not more poisonous than bichloride of mercury, but is a powerful antiseptic. Seventeen milligrammes added to a litre of bouillon prevents the development of micro-organisms. The fact that it does not roughen the hands would recommend it to nurses.

RUBELLA.—Dr. Dillingham in *American Medicine* believes in scarlet fever, measles, and rubella, but does not believe in the existence of "the fourth disease." The author quotes with approval this saying by Griffith: "The disease (rubella) may be divided into two types, resembling mild measles, and then resembling mild scarlet fever, and then gradations from these types to either extreme: (1) Eruption in which the spots are for the most part nearly or fully the size of split peas, more or less grouped, and having greatest resemblance to measles; (2) rash, confluent in patches, or universally; not elevated, uniform

redness simulates scarlet fever. Careful investigation often reveals a few papules and general diffuse redness. It is best seen on the wrists and fingers." The author compares in detail the three diseases under discussion, and gives the chief points on which the differential diagnosis must rest. He concludes by saying that to one with large experience in contagious diseases the differential diagnosis of rubella should not usually give much difficulty. But even one with the greatest experience, although he carefully consider every factor, will occasionally fail to make the correct diagnosis in cases where measles is the confusing element."

UROTROPIN IN SCARLET FEVER.—The *Journal of the American Medical Association*, quoting from an Austrian exchange, says Widowitz has never had a case of nephritis among one hundred and two scarlet-fever patients since he introduced the plan of preventive administration of urotropin. He gives from 0.05 gramme to 0.5 gramme of urotropin three times a day according to age during the first three days of the disease, and again at the beginning of the third week for another three days.

DEEP BREATHING.—In a paper in the *New York and Philadelphia Medical Journal* Dr. Richard Cole Newton says that a physical culturist after measuring the lung capacity of twenty thousand persons found that not one per cent. of them had strong lungs and breathed fully. He advises the practice of full inflation of the lungs by slow, deep, regular breathing continued until it becomes habitual, and considers it of great benefit as a prophylactic in phthisis. He sums up his conclusions as follows: (1) Deep breathing is essential to good health, and is in many cases a valuable therapeutic measure. (2) Its importance is not at all generally appreciated. (3) It should be a part of every child's education. (4) It is especially indicated for backward and sickly children. (5) The profession owes it to itself to study more deeply this vital question and to be able to instruct the laity fully upon all its bearings.

DISINFECTION OF THE STOOLS IN CONTAGIOUS DISEASES.—*Revue française de médecine et de chirurgie* advises the following antiseptic mixture: Zinc sulphate, one hundred grammes (twenty-five drachms); sulphuric acid, ten grammes (two and one-half drachms); benzaldehyde, two centigrammes (three-tenths grain); indigo, fifteen centigrammes (two and one-quarter grains). Drop seventy-five minims into vessel before using. The indigo is added merely to give a distinctive color.

THE HANDKERCHIEF AS A DISSEMINATOR OF DISEASE.—The *Medical Record* comments on the *New York Times's* account of a meeting of the National Woman's Temperance Union held in Cincinnati, where handkerchief shaking as a method of salute was warmly discussed from a hygienic standpoint. Miss Marie Brehm, of Illinois, declared that the fluttering of innumerable handkerchiefs in welcome to a speaker was quite sufficient to account for the wide distribution of colds among those attending the convention. Miss Brehm moved that handkerchiefs be kept in the pocket, where they belong, and the saluting be done with little silk flags provided for the purpose. It is, in fact, a grave sanitary question whether the handkerchief does not do more harm than good as it is ordinarily used. When we assume that the healthy nose does not need to be wiped we face

a reasonably broad proposition as to the danger of the handkerchief as a disease propagator. Most nasal catarrhs are of an infectious character, notably those of grip origin. Contrary to a general law of asepsis, the handkerchief saturated with disease germs, instead of being promptly washed, is stowed for hours in the pocket, with a result that can be easily imagined. Is it any wonder, then, that catarrhs are constantly fostered by a system of autoinfection? Even when the discharges become dried upon this dangerous article of the toilet, its mere handling or use by others must necessarily be a means of conveying infection. Worse than the nasal discharges are the expectorations, which so often thus find their way into the pocket.

CURE OF SCIATICA.—The *New York and Philadelphia Medical Journal*, quoting from a Spanish contemporary, says: "Castelvi has used subcutaneous injections of pure oxygen in five cases with excellent results. The author gives a detailed description and illustration of the apparatus used. Injections of from two hundred to one thousand cubic centimetres of the gas were made in the gluteal region of the affected side, the injections being repeated daily till all pain subsided. This result was accomplished in from one to five treatments. The immediate effect of each injection was the subsidence of pain either in the whole course of the nerve or over an area extending considerably beyond the limits of the injected part. Alleviation of pain was experienced in many instances during the injection. No discomfort was experienced by the patients so treated and the gas was quite rapidly absorbed. In some cases the pain permanently disappeared after one injection."

ADENOIDS AND NOCTURNAL INCONTINENCE.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in a foreign exchange as follows: "Melzi reminds us that adenoids in the pharynx are in some way connected with nocturnal incontinence in children. Various theories have been advanced to explain this connection, but the fact remains that the removal of the adenoid growths causes a cessation of the incontinence. The author reports two striking cases, and advises the practical physician to think of adenoids whenever he meets a case of nocturnal incontinence."

CAFFEINE IN ALCOHOLISM.—Hall, in the *Medical News*, considers that caffeine is almost a specific in alcoholic toxæmia. He asserts that this drug, in doses of one to two grains every one, two, or three hours, will usually, in from twenty-four to forty-eight hours, quench the thirst or craving for alcohol to such an extent that the most confirmed habitués will voluntarily abandon its use. Four cases are reported which seem to uphold the author's contention.

FORMALDEHYDE TEST FOR ALBUMEN IN URINE.—The *Journal of the American Medical Association*, quoting from an Italian contemporary, says Introna has found that formaldehyde causes the coagulation of albumen in solution, and recommends a new test for albuminuria based on this fact. He adds one cubic centimetre of formaldehyde to fifty-six cubic centimetres of urine. If it is free from albumen, the fluid remains clear, but if albumen is present, it becomes turbid and a flocculent precipitate is gradually deposited consisting entirely of the albumen. The test can be hastened by heating to boiling-point, in which case the precipitate is deposited without delay.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York City is preparing a directory of the various agencies existing and projected in the United States and Canada which care for persons suffering from any form of tuberculosis or which work in any way for the restriction and prevention of the disease.

This directory will include hospitals, sanatoria, dispensaries, and camps especially designed for tuberculous patients or with especial provision for them, whether public or private, and also State commissions and private societies formed for the purpose of investigation or of diffusing information.

It would aid materially towards completeness and consequent usefulness in the list if all who know of any such organization would send the name and address to the Charity Organization Society, at 105 East Twenty-second Street. —*Charities.*

A SITE for an isolation hospital for contagious diseases has been chosen by a committee of the Essex County (N. J.) Board of Freeholders. It is to be for the use of all the cities and towns in Essex County. Many attempts have been made to establish a hospital of this sort in different places throughout the county, but every time there has been a vehement protest. The property selected is in Belleville, and there are forty-three acres in all. The price paid for the tract is twenty-five thousand dollars. The hospital will cost in the neighborhood of one hundred and seventy-five thousand dollars.

THE Alexander Hospital of Montreal, Can., will be one of the best appointed isolation hospitals in the country. The cost of the new building will be in the neighborhood of one hundred thousand dollars. The diseases treated will be measles, diphtheria, scarlet fever, erysipelas, and there will be an observation ward for doubtful cases. Each ward for the treatment of disease is a separate unit in the general plan, and is so isolated that germs of disease cannot be conveyed from one unit to the other.

A HOTEL HOSPITAL, catering to the wealthy and those who can afford to have a retinue of relatives and personal attendants to accompany them in their illness, will be added to St. Luke's Hospital, Chicago, Ill. Ground has already been purchased and the plans for a two hundred and fifty thousand dollar addition to the present institution at 1426 Indiana Avenue have been drawn.

THE Woman's Medical College, Philadelphia, Pa., contemplates building a hospital as an addition to the college. The project arises out of a difference of opinion between the Advisory Board of the college and the Board of Managers of the Woman's Hospital.

THE Red Cross Hospital of Detroit, Mich., was incorporated with Mrs. Elva A. McElroy as matron and Mrs. C. J. Fox, of the Smith-Fox Homes for the Aged, as business manager.

THE New Harvard Medical School is to have a number of hospitals affiliated with it, among which are the Brigham, Children's, Samaritan, and Infants' Hospitals.

ST. VINCENT'S HOSPITAL, at West New Brighton, Staten Island, Borough of Richmond, N. Y., was formally opened by Archbishop Farley on November 25, 1903.

THE work on the Thompson Hospital, Brattleboro, Vt., is being pushed so that it will be ready for occupancy in three or four months.

THE Hahnemann Hospital, Philadelphia, Pa., is to have three new structures—a maternity ward, house for nurses, and power-house.

AFTER changing the site to a more suitable one, Arlington, Mass., will now proceed to push its proposed hospital to completion.

AN addition costing one hundred thousand dollars will be made to the Lackawanna Hospital in Scranton, Pa.

SETON HOSPITAL, at Spuyten Duyvil, N. Y., has established a department for the care of tuberculous children.

SAN DIEGO, CAL., is to have a new County Hospital.

BRADFORD, PA., is to have a new hospital.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

COMMODORE JAMES D. SMITH, president of the Stamford (Conn.) Hospital, announced at the commencement exercises of the hospital Training-School for Nurses that Robert M. Bruce, of Greenwich, who has recently made several donations to that town, had given ten thousand dollars to the Stamford Hospital. This was the first public announcement of the gift, although it was made over a year ago, as Mr. Bruce requested that no public announcement be made.

THE will of William Turnbull, of St. John, N. B., a copy of which has been filed at the East Cambridge registry of probate, provides for the erection of a hospital in St. John, to be known as the "St. John Hospital for Incurables," to cost not more than one hundred thousand dollars.

THE New York Lodge, No. 1, Benevolent and Protective Order of Elks, has arranged to endow in perpetuity, at an expense of fifteen thousand dollars, two beds in the Post-Graduate Hospital, New York. The hospital agrees to place the beds in a private room.

ONE of the finest convalescent hospitals for crippled children in the State is nearing completion on the Mamaroneck Boulevard on the outskirts of White Plains, N. Y. One of the largest contributors to the building fund was Miss Helen M. Gould.

THE Ladies' Aid Society attached to St. Catherine's Hospital realized between eight hundred and nine hundred dollars at a euchre and penuche party held in Palm Garden Hall, corner of Green and Hamburg Avenues, Brooklyn, N. Y.

BENJAMIN LOWERY, of No. 1124 East Genesee Street, Syracuse, N. Y., a retired farmer, has given five thousand dollars to the Homœopathic Hospital to found a free bed for farmers.

THE trustees of St. Stephen's Hospital, Richmond, Ind., report the gift of fifty thousand dollars from Daniel G. Reid, of New York, for the building and equipment of a new hospital.

OTTUMWA, IA., is to have a new hospital. The site has been donated by Major Samuel Mahon, one of the members of the Board of the Ottumwa Hospital Association.

W. B. LEEDS, of New York, president of the Rock Island Railroad, has given ten thousand dollars to the public hospital in Richmond, Ind., where he formerly resided.

BY the will of the late Sarah B. Harrison, of Connecticut, the New Haven Hospital gets thirty thousand dollars to establish free beds.

THE Brockton Agricultural Society has donated two hundred and fifty dollars to aid the Brockton Hospital, Brockton, Mass.

BY the will of the late Mrs. Elizabeth Ann Birge the Homœopathic Hospital, Buffalo, N. Y., receives one thousand dollars.

TRAINING-SCHOOL NOTES

ON December 2 the new wing, which has just been completed, of the Nurses' Home on Blackwell's Island, headquarters of the New York City Training-School, was formally opened. The exercises took place at four P.M., the buildings having been opened for inspection from three to four and after six P.M., refreshments being served from five to six P.M. and eleven to twelve. The home was decorated throughout with holly and Christmas greens, and Berger's Hungarian Orchestra furnished the music for the afternoon and evening.

On account of the size of the buildings it was decided to give a distinct name to each section, a name that would recall the history of the school, as it had been borne by ladies who were very closely connected with the school. The original building of the Nurses' Home was named for Miss Louise Lee Schuyler, who was the originator of the State Charities Aid work. The wing just completed is named in honor of Mrs. Cadwalader Jones, who has been the chairman of the Advisory Board of the school for a great many years. The third building, the wing in process of construction, is named Rice Hall, after Mrs. William B. Rice, who has been the vice-president of the State Aid Association almost since its beginning. Plans are also under way for a fourth section, which is to contain kitchens and dining-room and rooms for the help of the home.

Jones Hall, just completed, is a four-story stone building, thirty-five by one hundred and seven feet, and contains single bedrooms for forty-four nurses, large bath- and toilet-rooms on each floor, and on the ground floor a large assembly-hall about thirty by ninety feet, which for daily use is the drawing-room and lecture-room. These rooms are separated by folding doors, which permits of the two rooms being thrown into one on public occasions. At the rear of the building there is an isolating section consisting of two rooms and a complete bath-room.

Rice Hall, in process of construction, will contain the same number of single sleeping-rooms and on the ground floor two laboratories, one for chemical work and the other for dietetics, also the general offices of the Training-School.

The unveiling of the tablets of these buildings was done by three little girls, who presented a large bouquet of roses to each lady for whom the building was

named. The little girls themselves were afterwards presented with large dolls dressed as nurses.

The Commissioner himself was presented with a silver inkstand, in the lid of which was imbedded the badge of the school, as a gift from the pupils and officers of the school.

At the close of the exercises three large keys were presented to the superintendent of the school as a souvenir of the occasion, and with them a large bunch of violets, presented by the junior officers of the school.

President Roosevelt's personal interest in the school is shown in the following letter:

" WHITE HOUSE, WASHINGTON, November 28, 1903.

" MY DEAR MR. FOLKS: I greatly wish I could be present on December 2 at the opening of the City Training-School for Nurses. I wish it especially because it has been my good fortune to know and to work with Mrs. Cadwalader Jones, Miss Louisa Lee Schuyler, and Mrs. William B. Rice, and I should like to testify my regard for them while congratulating you, and also those associated with you, upon being connected with so admirable a work, but, unfortunately, it is simply out of the question for me to come. So all I can do is to send you my best wishes.

" Sincerely yours,

(Signed) " THEODORE ROOSEVELT.

" *Mr. Homer Folks, Commissioner, Department of Public Charities, New York City.*"

TORONTO GENERAL HOSPITAL.—After due consideration the authorities of the Toronto General Hospital Training-School for Nurses have decided upon adopting a preparatory course under the auspices of the Technical School, College Street, Toronto.

The Technical School will give a certificate to those who complete the full course, consequently intending applicants to the Training-School for Nurses are notified that after this date preference will be given to candidates who hold a certificate of the preparatory course, provided they are otherwise eligible. The course requires two terms of three months each, from nine A.M. until three-thirty P.M. daily, beginning January 4, 1904, and ending June 15, with the usual Easter vacation.

The fee is ten dollars per term. The subjects considered are anatomy, physiology, medical chemistry, hygiene, bacteriology, dietetics, cookery, household economics, English language, and vocal expression.

LEXINGTON HEIGHTS HOSPITAL TRAINING-SCHOOL graduated six nurses on Tuesday evening, November 10, 1903, at the Twentieth Century Club. The address was made by the Rev. O. P. Gifford, of Delaware Avenue Baptist Church. Dr. DeWitt G. Wilcox presented the diplomas to the graduates, addressing each nurse individually as she came forward to receive her diploma. Mr. Fellows, the chorister of Delaware Avenue Baptist Church, sang. Mr. Gomph gave a piano selection. Mrs. Fletcher gave two enjoyable readings. Miss Taylor, an alumna of the school, and Mr. Fellows sang. The nurses who received the diplomas were Alice M. Cook, Nella D. Snyder, Sue M. Chapin, Blanche Wallace, Ida M. Burroughs, and Winnabeth Sovereign. The Lexington Heights Hospital is a private institution conducted by Dr. DeWitt G. Wilcox. The course of training has recently been extended to three years.

THE Training-School of the Provident Hospital of Chicago recently graduated a class of seven nurses (colored), the exercises being held in the Institu-

tional Church. The addresses were by both colored and white speakers and were of a high order of excellence. It has been the custom for many years for the nurses of the Wesley Hospital (white) to relieve the nurses of the Provident Hospital upon the occasion of their graduating exercises, and the Provident nurses return the courtesy when the Wesley Hospital nurses graduate. The graduates were Tommie Etta Stokes, Margaret Edna Brown, Emily Gertrude Brockway, Wilmay Etta Pitts, Blondelle Kibby, Jessie Hickman Williams, Lottie Esther Lockhart.

THE Training-School of the Amsterdam Hospital, N. Y., held interesting graduating exercises on November 18, when the following young ladies were awarded diplomas: Miss Dorothy M. Hugo, Miss Anna Marie Sanders, Miss Minnie Sherman Grant, and Miss Ella May McHeffey. The exercises were opened by prayer by the Rev. Putnam Cady. There was delightful music by a sextette of male voices, and addresses by the Rev. James M. Hutchinson, Dr. Hicks, and President Van Buren. Mrs. Lingenfelter, the superintendent, presented the class pins.

MISS MAY H. BENNETT, staff nurse of the operating-room, Minniqua Hospital, Pueblo, Colo., has resigned and is to be succeeded by Miss Hannah Miller, of Philadelphia. Miss Bennett's resignation is much regretted by the management, which she has served faithfully for the past two years. Miss Bennett recommended her own successor, who was elected.

MISS CAROLINE A. TAYLOR, a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, Class of 1899, has accepted the position of superintendent of the Training-School in the Church Home and Infirmary, Baltimore, Md. Miss Taylor won the medal in her class given for those making ninety-five per cent.

PERSONAL

MISS ELIZABETH HATLOW, who is a graduate of the Massachusetts General Hospital, Class of 1900, sailed for Europe October 17. Miss Hatlow will be away about one year, during which time she will visit places of interest in England, Scotland, and France.

MISS ALICE TWITCHELL, who for eight years has been superintendent of the S. R. Smith Infirmary, Staten Island, N. Y., has tendered her resignation. Miss Twitchell graduated from the New York Hospital.

MISS H. COLLINS, graduate of the New York Training-School, has gone to Berlin. She will be away for a year, and will take in the International Congress of Nurses, which convenes there next June.

MISS L. M. WYGANT has accepted the position of assistant superintendent of the West Pennsylvania Hospital, Pittsburg, Pa. Miss Wygant is a graduate of the New York Hospital Training-School.

MISS MARGARET F. JAGGER, graduate of Bellevue Hospital, N. Y., has left her long case and is now at 416 East Twenty-sixth Street, where she will be pleased to see all her friends.

MISSSES FLANNIGAN and Gallagher, University of Maryland, have accepted the positions of superintendent and assistant superintendent at Salisbury Hospital, Salisbury, Md.

MISS WILHELMINA HAMILTON, graduate of the Class of 1903, Protestant Episcopal Hospital, Philadelphia, is night superintendent of the Ellis Hospital, Schenectady, N. Y.

MISS ELIZABETH M. REID, a graduate of the Massachusetts General Hospital, has recently been appointed superintendent of nurses at the Lowell, Mass., General Hospital.

MISS GRACE RUSSELL, a graduate of the Lakeside Hospital Training-School, Chicago, has accepted the position of assistant superintendent of that hospital.

MRS. K. C. LUCAS, Class of 1892, University of Maryland, has accepted the position of superintendent of nurses, Bay View Hospital, Baltimore, Md.

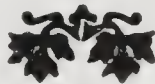
MISS E. E. GOLDING, of the New York Hospital Training-School, is spending the Christmas holidays in her home in New Orleans, La.

MISS GILLILAND, University of Maryland, has resigned the position of superintendent of Twin City Hospital, Winston-Salem, N. C.

MISS LA RUE MAXEY, of Vicksburg, Miss., has accepted the position of superintendent of the Berlin Hospital, Pa.

MISS MAY ABBOTT, a Lakeside graduate, has been appointed head surgery nurse in that institution.

MISS A. E. STOR has gone to Cleveland, O., to engage in private nursing.



DISEASES OF HOUSE OFFICERS IN HOSPITALS.—William R. P. Emerson presents certain conclusions from a study of this subject. The records indicate that the danger to house officers of pneumonia, phthisis, or typhoid fever is very small. Nasopharyngeal and febricular affections occur in the ratio of twelve to one. The danger of infection in the examination of moist cultures and sputum is very slight. In a six-months' service the chance of diphtheritic infection is one in two, of scarlet fever infection, one in seven. The influence of improved living quarters and facilities for proper exercise upon the health of men is marked. The sense of fatigue occurs most often in the hospital as the result of nervous tension and indoor air rather than of muscular exhaustion, and is relieved by proper exercise and baths.—*The Boston Medical and Surgical Journal*.

TYPHOID FEVER AT THE UNIVERSITY OF CHICAGO.—President Harper, of the University of Chicago, has warned the students against a typhoid fever epidemic at the university. Several cases of fever have developed in the last few days, and the authorities, fearing an epidemic, have made strenuous efforts to stamp out the disease before it gets a firmer hold among the students. At a special meeting of all the students, recently held, Dr. Harper personally asked university men and women to do all in their power to help the authorities in their efforts to rid the university of the disease and prevent the classes having to be broken up and the students sent to their homes. The students were asked to leave boarding-places where the water was not boiled and to take all other precautions.—*Medical Record*.

THE GUILD OF ST. BARNABAS

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MOST sanitariums are far from being the most cheerful places for a well person to live in, however great the benefit they may afford the sick, and the establishments at hot springs which are to be found all through Western Europe are no exception to this rule. At the well-known Baths of Louèche, in Switzerland, where most of the patients spend the day in a hot bath playing checkers and other games on small floating tables, one may see countless pathetic cases of physical and mental helplessness. During the evening table d'hôte dinner, which prevails here, as everywhere else in Swiss hotels, one will probably find that the neighbor at his right must have his food cut up for him, while a still more helpless man on the left cannot even convey the food to his mouth.

The bib, usually associated with early childhood, is a necessary adjunct here for very many of the guests. Then, too, there is a constant accompaniment of almost inarticulate talk, which is rendered the more difficult to understand by reason of the variety of languages spoken by the invalids.

Louèche-les-Bains, or Leukerbad (for it is known by both names), is a tiny village consisting of three hotels, the baths, and a few villagers. All sorts of invalids go there, including many paralytics. It is enclosed in a valley situated at the foot of the Gemmi Pass. A winding foot-path leads up the face of the cliff to the top of the Pass. The scenery is of the grandest description, and many walks and excursions may vary the monotony of existence here, and those in love with mountain climbing may satisfy that longing in several directions. Passing through fresh groves and admiring the Alpine flowers, one ascends above these spots and obtains a view which more than repays him for his exertions.

In winter everything is covered with snow, and the numerous cascades form great masses of ice suspended from the rocks like stalactites. In spring the thaw comes, and the avalanches descend into the valley with a noise like thunder. Severe storms are frequent here, and the dense, dark clouds, from which issue flashes of lightning, make a solemn and striking effect on the mind of the beholder.

Let us hope these beauties of nature are some comfort to those taking the baths.

WE print an extract from Dr. Ingalls's paper, and hope to continue our quotation next month. This paper was read at the late council in Hartford, and being the fruit of much experience must have been full of interest for those who heard it.—ED.

It was my fortunate privilege to enter the profession of medicine in the days when training-schools were in their infancy, and only a few of the larger hospitals in this country had taken them up. I think that perhaps very few of you

here know how institution work was done at that time, but it has left a very vivid impression on my mind. The modern hospitals, with their well-equipped facilities for receiving the better class of patients in their private rooms, were just beginning to be built in the larger cities. The operations were then operations of necessity, and many cases which now are subjected to surgical interference were not thought proper to be received for operation, and the results of work performed were far below those obtained to-day.

Again, it was not the custom for so many *medical* cases to be sent to hospitals for treatment. Sick people were treated in their own homes, and the hospitals were only in the main occupied by the poor and friendless, and the necessity for skilled nursing was not recognized. The sick at home were nursed by friends and relatives, the professional nurse was a rarity, and the trained nurse for private work an undiscovered article.

My first hospital appointment was in a small hospital of forty beds, with the medical and surgical service equally divided, the preponderance, if any, being in favor of surgical patients. A very good woman who had had some experience in taking care of the sick was in charge. She was not head nurse or superintendent, but was called matron, and had a general oversight of everything. We had a male nurse in the male ward and a so-called nurse in the female ward, and, seeing how we carry on our institution work to-day, I can but wonder at the way we got along then. These people had received absolutely no instruction in the theory or art of caring for the sick, and as for rendering modern surgical assistance, they were in no way educated for the position. They were simply good, faithful people, endowed with good common-sense, loyal to the medical officers, punctilious in carrying out orders, and gave their patients the best service permitted by their limited knowledge. How did we get along? for get along we certainly did, and our results were very satisfactory. Of course, the medical attendants at the hospital had to have a larger personal contact with the patients, and attended to a much greater share of the detail work than is done now; but these people learned to take care of their patients, their good common-sense taught them to watch for symptoms, and not having the medical and surgical responsibility placed upon them, they were not confounded by too much theoretical knowledge; their tact stood them well in hand, and holding the same position year in and year out, they became beautifully adapted machines, and the work went on with a degree of smoothness and success which is hard to realize, and perhaps would be impossible to-day.

Finishing a term in this smaller institution, I was a successful competitor for a position in one of the large New York hospitals, whose work was altogether surgical and whose list of visiting surgeons carried the names of the most prominent men of this country in their chosen specialty. Here was a different proposition. Bellevue, Charity, and New York Hospitals had started their training-schools for nurses, and our hospital was still sailing on under the old-fashioned methods of the previous decade. On the one hand, the young, intelligent, well-educated, neatly uniformed pupil of the training-school, with her bright, cheering smile, her deft hands, and her theory well mastered, administering the drugs whose use she had studied and understood, making the surgical dressings after the most approved methods taught her by her instructor in surgery, keeping her charts and clinical histories in an intelligent and professional manner, certainly gave an air of thoroughness and exactness to the care of hospital cases which lessened the hard work of the medical men and had a great deal to do with the improved statistics of hospital results. On the other hand, the good old nurses,

limited in education, to be sure, but tried and found trusty by their long years of service, not looking forward to the end of their two years of pupilage for personal independence, satisfied to stay in the same ward year in and year out, the personal experience of hundreds and hundreds of cases to give them their confidence, and each year adding to their good record of faithful and devoted service, were most valuable aids and gave the men in charge of the work a feeling of the greatest confidence that their work would be looked after and cared for with a painstaking, unselfish devotion which would bring good results.

I was fortunate in entering on my work in the old days under the old methods. It was an education.

To-day we have in every city of consequence one or more schools, and the profession of nursing has become one of the well-recognized, noble, and dignified professions, and offers to the young woman of to-day advantages and opportunities of taking up a life work full of responsibility and requires on the part of those entering as much, if not more, stability of character and purpose as any field of labor which could be selected.

A young woman of good education, of good bringing up, with some good, practical ideas of her own, and a feeling that she desires not only to be independent from a financial standpoint, but that she wishes to accomplish some definite aim in life, and is willing to work for such an end, can find a magnificent opportunity and can enter upon a field of usefulness in the ranks of a profession which is second to none, and in which there is as much to bring satisfaction for work accomplished as any profession open to the women of our day.

(To be continued.)

ORANGE, N. J.—On account of Thanksgiving Day falling on our usual date, our meeting was advanced a week and held on November 16 at Christ Church, East Orange. The address was made by the rector of the parish, the Rev. W. W. Davies. Four active and two associate members were admitted. The business meeting was held in the parish-room adjoining the church. The report of the council meeting in Hartford was given by the active delegate, Miss C. Benz, and, while we shall all in due time receive a full account in detail of all that was said and done there, a word of thanks and appreciation cannot be left unsaid by those who were so fortunate as to be the recipients of the cordial and profuse hospitality extended to all comers by the Hartford Branch. Every minute of the time had been provided for, and there were details of nurses to see to every one's wants. Our own calendar is now in circulation, and forms a reminder for all future meetings, while it also reveals several pleasant social events for the coming year. The sewing meetings commence December 10 and will be held monthly at various appointed houses, the objects being for the fresh air and settlement work. As is already known, the scheme which had engaged the earnest attention of the Orange Branch, to make some provision for the nurse when incapacitated from supporting herself, has been laid in the hands of a committee of five, who, it is hoped, will be able to frame such a project as will commend itself to every nurse now in active service, looking to the future of possible breakdowns and ill-health, and receive the hearty support of all in the guild, not so much that we look for misfortune ourselves, but that we shall be in the position of helping less fortunate sisters who might otherwise have to depend on the charity of others.

BROOKLYN.—The most interesting item concerning the Brooklyn Branch of the Guild of St. Barnabas centres in the council held in Hartford in November. The chaplain, secretary, and one delegate were present, being a full representation of the branch. The unanimous opinion of those present was expressed that the council exceeded all other councils in interest, and as year by year the same assertion is made, the increasing interest in the guild, both within and without its bounds, is shown. The hospitality extended by the Hartford Branch was duly appreciated by all branches. The Brooklyn Branch was most favorably impressed with the evident desire on the part of our entertainers to cause us to carry away the permanent assurance of the good will of the city of Hartford. The guild meetings are regularly held, with attendance as good as can be expected where the nurses are kept so busy, making it almost impossible to arrange for any special event; consequently, after the service, the social half-hour, which is held in the Parish-House, is always enjoyed by those who are able to remain for a cup of tea and light refreshment. This keeps the nurses in touch with each other and in the interest of the guild.

BOSTON.—The regular November meeting of the Boston Branch of the Guild of St. Barnabas, having been postponed, was finally held on December 1, 1903, at eight o'clock at St. Stephen's Parish-House. It was a long and most interesting meeting, as Mr. Bishop, the chaplain of this branch, gave a graphic account of the proceedings of the General Council, which met at Hartford. Various plans were discussed by the chaplains as to how best to benefit the nurses and carry on the work of the guild. It was apparently decided that the guild support a missionary nurse, and there is also a suggestion of an insurance organization which shall help the sick or incapacitated nurses. The account of the hospitality extended to the guild was received with much interest by the meeting, which was, by the way, very large. Plans were also set on foot for the Christmas party, and the same committee which greatly distinguished itself last year was reappointed. After the business meeting a service was held in the church, at which Mr. Bishop officiated. The text for the sermon was "The peace of God, which passeth all understanding," and we were urged to cultivate peace as our Advent discipline. After the service the usual social gathering was held in the guild-room of the Parish-House. The attendance was unusually large, and among the other things discussed at the business meeting were the matter of calling in new members, which the committee already appointed were to take up; also the amount we should pledge for a mission nurse. St. Barnabas's Bee has already had one meeting at St. Anna's House, and it is to be held regularly, as heretofore. One of the associates kindly invited us to use her rooms at the Brunswick for our next bee. The members of the guild are not able to attend the bee with much regularity, but we all like to come when we can.



A FRIEND tells the following truthful tale about a parrot which had been taught to say "Quack, quack," when questioned about geese. The parrot spent the summer in a doctor's family, where the wife tried to teach it to say "doctor," but invariably the bird answered, "Quack, quack."

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE INTERNATIONAL COUNCIL OF NURSES

A MEETING of the Organizing Committee of the forthcoming Quinquennial Meeting of the Grand Council of the International Council of Nurses, to be held in Berlin in June, 1904, was held at the Matron's House, St. Bartholomew's Hospital, London, on Tuesday, October 22, at which the president, Mrs. Bedford Fenwick, presented the following report:

THE REPORT.

"Since the meeting of the officers of the International Council of Nurses, held at Buffalo, U. S. A., in September, 1901, I have been in constant communication with the honorary officers and honorary vice-presidents of the Council.

"*In Great Britain.*—Miss Isla Stewart, honorary vice-president, has done much to encourage coöperation among trained nurses by the active part she has taken as president of the Matrons' Council of Great Britain and Ireland and of the League of St. Bartholomew's Hospital Nurses, and it is gratifying to report that the matrons of several important training-schools have stimulated the desire for coöperation among the nursing staffs, and taken the initiative in helping them to form leagues for professional and social intercourse. Miss Stewart is in favor of strengthening the bonds of union among certificated nurses by some form of affiliation between the leagues which would bring the nurses of the various schools into touch by coöperation, and thus upon a wide and liberal basis founded on the graduate vote enable nurses to meet and discuss in a helpful manner their professional and social affairs, out of which coöperation it is hoped that a National Council of Nurses for the United Kingdom might in time be evolved on thoroughly representative lines—Scotland and Ireland forming branch or national councils if so inclined.

"Letters have been addressed suggesting some form of affiliation to the presidents of existing Nurses' Leagues in England by Miss L. L. Dock, the honorary secretary of the International Council of Nurses.

"*In Scotland and Ireland.*—Coöperation among nurses is practically non-existent in Scotland and Ireland. This is the more disappointing as there are many able women holding positions of authority in nursing circles in both countries whose efforts would, I feel sure, be crowned with success if they would take the initiative in either forming Councils of Matrons or Leagues of Nurses

in connection with the many excellent training-schools which now exist in both countries.

"In the United States of America.—In the United States of America the nursing profession is effectively organized on coöperative lines, and the two great national societies of nurses—the American Society of Superintendents of Training-Schools for Nurses and the Nurses' Associated Alumnae of the United States (that is a society of affiliated leagues)—have come together by delegation and formed the American Federation of Nurses (in effect a National Council of Nurses), which is ready and willing to affiliate with the National Councils of Nurses of other countries when formed, and thus to compose the International Council of Nurses, as provided for in its existing constitution.

"As the result of the solidarity of the nursing profession in the United States, and the respect which it engenders in the public mind, State registration of nurses has been effected in four States of the Union during the present year.

"In Australasia effective coöperation exists in New South Wales and Victoria among trained nurses through association in the Australasian Trained Nurses' Society, the Victorian Trained Nurses' Association, the Prince Alfred Hospital Trained Nurses' Reunion, and the recently formed Australasian Matrons' Council, in the building up of which societies Miss S. B. McGahey, honorary vice-president, and Miss M. D. Farquharson, councillor, have worked untiringly.

"In New Zealand.—The profession of nursing has been put on a legal basis in New Zealand by act of Parliament, a bill for the registration of trained nurses having been passed in 1901 by which a minimum standard of education and qualification in nursing has been defined. Mrs. Grace Neill, councillor, to whose efforts legislation was largely due, has been appointed Deputy Registrar for the Colony, and is of opinion that the system of registration by the State has already proved of great benefit to the community.

"In Canada.—The growth of coöperation among nurses is slow, but is proceeding on alumnae lines. Owing to its geographical position it has participated in much of the progress effected by Canadian women trained and holding high professional positions in the United States. Canadian matrons coöperate with their American colleagues, and together form the American Society of Superintendents of Training-Schools, and the courtesy of social amenity is constantly exchanged between leagues of Canadian and American nurses.

"The honorary treasurer, Miss Agnes Snively, lady superintendent of the General Hospital, Toronto, is in warm sympathy with all that tends to create a deeper sense of professional responsibility among trained nurses, and is doing good work in encouraging coöperation among Canadian nurses.

"In Holland.—Miss L. Kruyse, honorary vice-president, takes a leading part in coöperative movements. A Matrons' Council is now formed in Holland, consisting of some forty members, which meets in friendly conclave; there are two associations of nurses, and great progress is being made in the professional and social well-being of Dutch nurses.

"In Germany.—Fräulein Hedwig von Schlichting, honorary vice-president, has met with keen opposition in her attempt to inaugurate professional coöperation among German nurses. But the spirit of progress is awake in the land, and already there are signs that in the near future the demand upon the part of trained nurses for a less conventual system of work must be conceded. The nurses who object to work in community are now known as the Free Sisters, and this little band of courageous women will, no doubt, with time and determination effect the liberation of trained nurses in Germany from conditions of labor which

are incompatible with the spirit of an age which demands responsibility for personal action.

"A school for hospital matrons in Germany has been organized by the sisters of the Bavarian Association of the Red Cross at Munich, of which Sister Clementine von Wallmenich is head, and it has been entrusted with training matrons for all the German Red Cross homes; its constitution is wonderfully complete.

"*In India.*—Miss Charlotte Richmond Mill, lady superintendent of St. George's Hospital, Bombay, has accepted the invitation to act as honorary vice-president for India. Miss Mill held in this country the position of assistant matron at the Lewisham Infirmary, and had experience in India as a sister in the Plague Nursing Service.

"CONSULTATION WITH HONORARY SECRETARY.

"In August of this year I met the honorary secretary, Miss L. L. Dock, in conference at Amsterdam in reference to the necessary arrangements for the forthcoming meeting of the Grand Council at Berlin in June, 1904, when the honorary officers for the next quinquennial period must be elected, and reports received of the condition of nursing in the various countries represented in the International Council.

"I beg to suggest the following ladies be nominated for election for the positions as honorary officers:

"PRESIDENT.

"Miss Susan B. McGahey, graduate London Hospital Training-School for Nurses, London; honorary vice-president for Federated Australia; lady superintendent of Prince Alfred Hospital, Sydney; president of the Prince Alfred Hospital Trained Nurses' Reunion; late honorary secretary Australasian Trained Nurses' Association, and its delegate to the International Council of Nurses and Congress, Buffalo, U. S. A., 1901; honorary member Matrons' Council of Great Britain and Ireland; member Australasian Matrons' Council.

"HONORARY SECRETARY.

"Miss L. L. Dock, the present honorary secretary, has consented to stand for reëlection.

"HONORARY TREASURER.

"Miss Margaret Breay, honorary secretary of the Matrons' Council of Great Britain and Ireland, late matron of the Metropolitan Hospital, London, and matron of the English Hospital, Zanzibar, assistant editor *British Journal of Nursing*, graduate St. Bartholomew's Hospital, London.

"AGENDA FOR THE QUINQUENNIAL MEETING.

"It is suggested that reports shall be invited from experts in the various countries on—

"1. *Legislation* effected for trained nurses—

(a) By State registration;

(b) Under government departments in the army and navy.

"2. *Education.*

To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.

"ETHEL G. FENWICK,

"President."

The report was adopted.

Interesting letters were then read from Mrs. Gordon Norrie, of Denmark; Miss L. L. Dock, honorary secretary; Miss S. B. McGahey, New South Wales; Mrs. Dita Kinney, War Office, Washington; Miss Harriet Fulmer, Chicago; Mrs. Neill, New Zealand; and Dr. Anna Hamilton, Bordeaux.

The arrangements for the Quinquennial Session to be held in Berlin in June next were considered, and names suggested of ladies to be invited to contribute reports on legislation and education, as proposed in the president's report.

Miss Mollett, who was present, stated that, according to arrangement, she had made inquiries concerning the cost of a ten days' visit to Berlin to attend the meeting of the International Council of Nurses and International Congress of Women, and was prepared to organize a party of nurses of not less than twenty. This offer was gratefully accepted.

The meeting then terminated.

E. G. F.

REPORT OF HOSPITAL ECONOMICS COURSE FOR NOVEMBER, 1903

To Miss Banfield, Chairman.

Miss Nutting gave her course of lectures on Thursday and Friday, November 12 and 13. Not only were the lectures intensely interesting, but Miss Nutting seems to fill every pupil with new inspiration.

Dr. Fisher, of the Presbyterian Hospital, kindly invited the class to his lecture on "Hospital Plumbing." Miss Maxwell extended an invitation to take tea with her at the close of the lecture. Both invitations were accepted and greatly enjoyed.

The Thanksgiving holiday shortened our work for the month, and but one excursion was taken, which was to Roosevelt Hospital. Miss Samuel gave a half-hour talk, after the visit through the buildings, on the work of the hospital and Training-School. This always proves of great benefit in that the special features of the place are better understood by the students.

Invitations were received to attend the anniversary exercises of the Presbyterian Hospital and the opening of the new buildings of the City Hospital on Blackwell's Island.

Money received for the month, fifty dollars from the Graduate Nurses' Association of Cincinnati, O.

Subjects for the lessons for the Speyer School Club:

1. "General Outline of the Body," Miss Douglass.
2. "Digestion: Organs, Digestive Fluids, and Hygiene," Miss Kelly.
3. "Foods: Composition, Classification, etc.," Miss Balcom.
4. "Circulation and Respiration—Demonstration," Miss Coleman.
5. "Tuberculosis," Miss Shaw.
6. "Elimination," Miss MacLennan.
7. "Personal Hygiene," Miss Baker.
8. "Cleansing Baths—Demonstration," Miss Stotz.
9. "Care of Hair, Care of Teeth," Miss Jewell.
10. "Bed-making—Demonstration," Miss Ahrens.
11. "Bedsores," Miss Paterson.
12. "Local Applications," Miss Krueger.
13. "Medical Emergencies," Miss Parish.
14. "Common Poisons," Miss Douglass.
15. "Surgical Emergencies," Miss Krueger.

16. "Bandaging," Miss Kelly.
 17. "Organs of Special Sense," Miss Paterson.
 18. "Typhoid Fever," Miss Shaw.
 19. "Organs of Generation," Miss Wheeler.
 20. "Preparation for Motherhood," Miss Wheeler.
 21. "Care of the Mother," Miss MacLenna.
 22. "Care of New-Born Child, First Two Weeks," Miss Jewell.
 23. "Care of Child, the First Year," Miss Ahrens.
 24. "Diseases of Childhood," Miss Baker.
 - 25 and 26. Subjects to be assigned after further development of the course, to be given by Misses Balcom and Parish.
 27. "Liquid Diet—Demonstration," Miss Stotz.
 28. "Light Diet—Demonstration," Miss Paterson.
 - 29 and 30. "General Diet—Demonstration," Miss Paterson and Miss Coleman.
- (Signed) ANNA L. ALLINE.

REPORT OF THE STUDENTS.

Since the last issue of the JOURNAL Miss Nutting and Miss Banfield have visited Teachers College and lectured on "History of Nursing" and "Hospital Organization and Management." The lectures were not only of much profit, but were attended with much interest as well by members of the class.

Meeting and gaining information from one who has made a study of, and personally come in touch with, the work of the nursing world in its various branches, as Miss Nutting has, cannot fail to deepen our interest in, and impress upon us the importance of, history as a factor in preparation for broad work.

Miss Banfield's lectures on "Hospital Organization and Management" were especially helpful in that the work was presented from many points of view and touched every phase of hospital life.

(Signed) THE COMMITTEE OF STUDENTS.

THE NURSES OF MARYLAND FORM A STATE ORGANIZATION

ABOUT two years ago the superintendents of the training-schools of Maryland and the presidents of the alumnae associations met at the Johns Hopkins Hospital to devise plans to form a State association, the main object being to procure State registration. Although nothing definite was accomplished at this meeting, it was the means of bringing the question before the nurses of Maryland. On November 16, 1903, another meeting was called at the Johns Hopkins Hospital, when the superintendents of training-schools, presidents of the alumnae, and a few representative nurses formed a Preliminary Committee, and at once devised plans to bring the nurses of the State together at a public meeting. A committee was appointed to prepare a constitution and by-laws to be presented at this meeting. A committee was also appointed to prepare a bill to be presented to the Legislature at the next session, after having been presented and acted upon by the nurses at the public meeting.

On December 14, 1903, a public meeting was held in the New Assembly Room of the Arundell Club and nearly four hundred nurses were present, representing nearly every hospital and alumnae association in the State. Miss M. Adelaide Nutting, of the Johns Hopkins Hospital Training-School for Nurses, presided at the meeting and introduced the speakers, who were Mrs. William M. Ellicott, president of the Arundell Club; Judge Henry D. Harlan, of the Supreme Bench, and Dr. William H. Welsh, of the Johns Hopkins University.

Mrs. Ellicott welcomed the nurses and assured them not only of her own interest in an organization to procure State registration, but also of the interest of the Arundell Club.

Judge Harlan treated the subject from a legal standpoint, speaking particularly of the advantage to the profession in having a uniform standard of nursing established, which could be obtained only by a State board. He also encouraged the nurses by telling them that it was not only their privilege, but their right, that they should have State protection, as it is only just that the genuine nurse should be known from the counterfeit.

Dr. Welsh spoke from the physician's point of view, urging the nurses to immediate action, as without doubt State registration would be of as great an advantage to the nurses as it has been to the medical profession.

After a short intermission the meeting was called to order with Miss Nutting in the chair. It was voted that a State association be formed. The constitution, which had previously been prepared, was then presented, unanimously adopted, and the following officers were elected:

President, Miss M. A. Nutting, superintendent of the Johns Hopkins Hospital Training-School for Nurses.

First vice-president, Mrs. K. A. Taylor, superintendent of the University of Maryland Hospital Training-School for Nurses.

Second vice-president, Miss N. J. Lackland, president of the University of Maryland Alumnae Association of Nurses.

Secretary, Miss S. F. Martin, Robert Garrett Hospital.

Treasurer, Miss G. C. Ross, Johns Hopkins Hospital.

These officers with the following members form the Board of Directors of the Association:

Miss Shrive, superintendent of the Union Protestant Infirmary Training-School for Nurses.

Miss Parker, president of the City Hospital Alumnae Association of Nurses.

Miss Weitzel, University of Maryland Alumnae Association of Nurses.

Miss Woodward, president of the Maryland General Hospital Alumnae Association of Nurses.

The meeting then adjourned until Tuesday at ten-thirty A.M.

At the meeting on Tuesday the by-laws were presented and adopted. The bill which had been previously prepared by the committee was then presented, and with a few changes was adopted.

The nurses manifested great interest at both meetings, and all proceedings were conducted in a most business-like manner. They expressed their appreciation of having for their leader one who stands so high in the nursing profession. Already nearly two hundred members have been enrolled.

SARAH F. MARTIN, Secretary.

PENNSYLVANIA STATE MEETING

THE Graduate Nurses' Association of the State of Pennsylvania will meet in Harrisburg on Wednesday and Thursday, January 27 and 28. This is the most central location yet secured, and all nurses are urged to take advantage of this and be present, especially those who have not attended the former meeting. A number of prominent people have been invited to address the assembly, and the entire programme promises to be both entertaining and instructive.

We regret to say that it was found necessary to abandon the scheme of

printing the report of the last meeting in Pittsburg as announced in the last number of the JOURNAL.

MRS. GEORGE O. LOEFFLER, Chairman Press and Publication Committee.

NOTICE

IN preparing the list of members for the annual report of the American Society of Superintendents of Training-Schools the secretary finds herself lacking any address for the members whose names follow:

Miss M. B. Brown.

Miss A. D. Schultze.

Miss Bertha May Smith.

Miss Ada J. Taylor.

Insufficient addresses are given in the two following instances:

Miss E. B. Clark, Toronto, Ont.

Miss Elizabeth Fleming, Providence, R. I.

It will be helpful to the secretary and treasurer if these members will kindly supply their present addresses.

M. A. NUTTING, Secretary,
Johns Hopkins Hospital.

SPANISH-AMERICAN WAR NURSES

THE resignation of Mrs. Harriet Camp Lounsbery as treasurer and corresponding secretary of the Spanish-American War Nurses is announced. Miss Rebecca Jackson, of Overbrook, Pa., has been elected by the Executive Committee as her successor, and all money should be sent to her.

The society is informed that at the annual meeting of the Spanish War Veterans at New Haven, in September last, the following resolution was introduced by Major Frank W. Hendley, surgeon-general of that organization, and passed:

"WHEREAS, For the first time in the history of this organization the society known as the Spanish-American War Nurses' Association has seen fit to hold its convention at the same time and place as this order; and

"WHEREAS, The main object and purpose of these two orders are to preserve the memories of the war with Spain and to foster a broad spirit of patriotism and humanity; now, therefore, be it

"Resolved, That the soldiers and sailors of the Spanish War will ever hold in grateful remembrance the invaluable service and devotion to duty which was constantly exhibited by the women who ministered to the sick and disabled in the camps, hospitals, and hospital-ships during our service, and we extend to them our hearty greetings and congratulations; and further

"Resolved, That the National Army and Navy Spanish War Veterans, in annual convention assembled, extends greetings to the Spanish-American War Nurses' Association and wishes them a hearty God-speed in their work; and further

"Resolved, That these resolutions be spread upon the minutes and a copy transmitted to the Spanish-American War Nurses' Association."

ANITA NEWCOMB MCGEE,
President Spanish-American War Nurses.

THE ASSOCIATED ALUMNÆ

THE Executive Committee would remind societies of the advisability of electing delegates who are to be their representatives at the Seventh Annual

Convention now, in order that those delegates may become, in a measure, conversant with the questions that will come up for discussion and vote. The committee will be pleased to receive any suggestions, particularly upon subjects that might be placed before the open meeting. Such suggestions or requests may be sent to the secretary.

M. E. THORNTON.

ANNUAL MEETING OF STOCKHOLDERS

THE annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING Company, for the election of directors for the ensuing year and for the transaction of such other business as will properly come before the meeting, will be held at the office of the Company (Grill Room), 299 Henry Street, Borough of Manhattan, City, County, and State of New York, on Thursday, January 21, 1904, at two o'clock in the afternoon. Books for the transfer of stock will be closed on January 11 and from that date to January 22.

A. D. VAN KIRK, Secretary.

SCHOOL NURSES' RECEPTION

THE school nurses of New York City gave a reception to Dr. Lederle on December 8, 1903, the occasion being the anniversary of their first year's work. It was held in Mendelssohn Hall, which was prettily decorated. About one hundred and fifty guests were present, among them being Dr. and Mrs. Lederle, Dr. and Mrs. Cronin, Dr. Fisher, Miss Wald, Miss McDowell, Mr. Bell, Mr. and Mrs. Nathan, and others.

The nurses who received with Miss Rogers were Miss Munn, Miss Price, Miss Oakley, Miss Gregg, and Miss Andrews. Music and dancing were enjoyed and refreshments served.

OHIO STATE MEETING

THE regular meeting of the Graduate Nurses' Association of Cincinnati, O., was held on Wednesday, November 25, at three p.m., the president, Miss Greenwood, in the chair. A report was read from the Committee on Incorporation, stating that the articles of incorporation had been filed in Columbus. A letter was read from Miss M. E. Banfield acknowledging the receipt of fifty dollars from the association for the Hospital Economics Course. It was moved by Miss Fisher, seconded by Miss Brace, and carried unanimously that a call from the association be sent out to the graduate nurses of Ohio for the purpose of holding a general meeting with the object of forming a State association. The following circular has been sent out, and it is hoped that Miss Sophia F. Palmer, editor of THE AMERICAN JOURNAL OF NURSING, will address the meeting:

"GRADUATE NURSES' ASSOCIATION OF CINCINNATI,

"CINCINNATI, December 7, 1903.

"A meeting for the purpose of organizing an Ohio State Nurses' Association will be held in the Library of the Cincinnati Hospital, corner Twelfth Street and Central Avenue.

"The meeting will be called at two p.m., Wednesday and Thursday, January 27, 28, 1904.

"All alumnae associations, nurses' clubs, and schools having no organized associations are earnestly requested to send delegates. All resident graduate nurses in the State of Ohio are invited to be present and take part in the dis-

cussion. The ultimate object in organizing a State society is to secure legislation for the advancement of the nursing profession.

"All communications to be addressed to Elizabeth M. Hartsock, secretary, No. 626 West Sixth Street.

"MARY HAMER GREENWOOD,
"OLIVE T. FISHER,
"ELIZABETH M. HARTSOCK,
"Committee on Circular."

REGULAR MEETINGS

DANBURY, CONN.—The regular meeting of the Graduate Nurses' Association of the Danbury Hospital was held at the office of Dr. Annie K. Bailey on November 18, 1903. Being the anniversary of the association, the first business in order was a review of the year by the presiding officer, special attention being called to publications in connection with the association during the year—viz., the constitution and by-laws of the association; the little booklet on "Precepts," an outline of the discourse given before the association by Dr. Bailey when the regular meeting fell on the Sabbath, January 18, 1903; the publication of the closing song of the association for worship, written by Miss Marion Thornton, of Danbury; the publication of the Nurses' Working Song, also written by Miss Thornton, nearly fifty copies of which were distributed at the hospital service on Sunday, October 18, held under the direction of the Nurses' Association, and given as a token of remembrance of the occasion as expressive of the sentiment, "Our Best Gift is a Portion of Ourselves," whether in the form of service, best wishes, or the unconscious influence of our true character; also the publication of a manual of parliamentary law for the use of the association and its larger and more extended use. It was voted that "The Graduate Nurses' Association of the Danbury Hospital" extend greeting through THE JOURNAL OF NURSING to the nursing profession, and suggest that they adopt as a body our "Closing Song" for their own use, that near and far there may be that beautiful bond of unity as expressed in the last verse, and that a copy of the words be sent to Miss Thornton asking for their publication in THE JOURNAL for this purpose. The meeting adjourned at half-past four o'clock.

CLOSING SONG FOR "THE GRADUATE NURSES' ASSOCIATION OF THE DANBURY HOSPITAL."

BY MISS MARION THORNTON,
Danbury, Conn.

(Tune, "Boylston;" short meter.)

O Thou Almighty One,
How glorious Thou art!
We own Thee as our Gracious King,
Enthroned in every heart.

Thy people have been blessed
In every time and place;
For Thou hast been their present help,
Their Wisdom, Strength, and Grace.

Still grant Thy favor, Lord,
Supply each needed gift;
We would in Thy Strong Hand be used
Thy loved world to uplift.

Onward and ever up
We press at Thy command;
The best is but enough from those
Who in Thy service stand.

Our hearts together bound,
So would we do Thy will;
And listening to the Spirit's voice,
Thy purposes fulfil.

FORT WAYNE, IND.—The first meeting of the new Indiana State Nurses' Association was held Friday afternoon at Hope Hospital. The organization was perfected by the adoption of a constitution and set of by-laws and sixty-one members were enrolled, the membership representing the cities of Indianapolis, Evansville, South Bend, Terre Haute, Decatur, Franklin, and Fort Wayne. The election of officers resulted in the selection of the following: President, Mrs. E. G. Fournier, superintendent of Hope Hospital, Fort Wayne; first vice-president, Miss M. Henderson, of Union Hospital, Terre Haute; second vice-president, Miss L. Hill, Fort Wayne; secretary, Miss M. Scott, Indianapolis; treasurer, Miss F. Grant, of the City Hospital, Indianapolis. The following were appointed chairmen of the standing committees, with power to select their own associates: Nominating Committee, Miss C. Speechly, 422 West Fourth Street, Fort Wayne, Ind.; Arrangement Committee, Miss M. Scott, Lexington Place, Indianapolis, Ind.; Credential Committee, Miss E. Johnson, 825 Christian Place, Indianapolis, Ind.; By-law Committee, Miss S. Bolten, Evansville Sanitarium, Evansville, Ind.; Legislation Committee, Sister Stella, St. Vincent's Hospital, Indianapolis, Ind.; Publication Committee, Miss A. Clark, 422 West Fourth Street, Fort Wayne, Ind. Upon the invitation of Miss Johnson, delegate from Indianapolis, the nurses decided to hold the next meeting at the State capital early in the new year. After being installed in office Mrs. Fournier made an excellent address, urging the importance of the work of the association and expressing her elation over the success of the organization and over the excellent prospects for the future. Dr. Miles F. Porter, of Fort Wayne, also addressed the nurses in an exceedingly interesting talk on the objects and advantages of organization. At the close of his remarks the nurses gave him a hearty vote of thanks. At the close of the session the nurses of the Hope Hospital Training-School entertained the members of the association at the Nurses' Home. The rooms were handsomely decorated and a luncheon was served. A number of toasts on subjects of interest to the gathering were responded to.

CLEVELAND, O.—The Graduate Nurses' Association of Cleveland had a very enthusiastic meeting on Tuesday, November 24, the president, Miss Brockway, in the chair. Miss Lauder Sutherland gave a full report of what is being done in other cities regarding registries for nurses. About one hundred nurses were present and voted unanimously for the establishment of a central registry if investigation showed that conditions in Cleveland were such as to make it

possible. The matter was then placed in the hands of the following committee: Miss Lauder Sutherland, chairman; Miss V. V. Lewis, Miss Lynden Mackie, Miss E. M. Ellis, Miss Elizabeth Hirschberg. The following nurses were recommended by the Executive Committee and admitted by ballot: Miss E. M. Ellis, Massachusetts General; Miss Minna Russell, Royal Victoria, Montreal; Miss Grace Houghton, Montreal General; Miss E. G. Harwood, Montreal General; Miss A. Van Buskirk, Montreal General; Miss Adella Fridenstein, Massachusetts State. The association then gave a hearty vote of thanks to the president, Miss Brockway, who resigns to be married and will live in Chicago. Miss V. V. Lewis, first vice-president, was appointed to fill the chair for the balance of the year, after which the meeting adjourned until the last Tuesday in December.

NEW YORK.—A meeting for the organization of an *alumnæ* association of the Hahnemann graduate nurses in New York was held at the Hahnemann Hospital, on Park Avenue, November 19, 1903, at three P.M., with Miss Alma Weller in the chair. Officers were elected as follows: President, Miss Alma Weller; vice-president, Miss Mary Philips; secretary, Miss Frances P. Lurkins; treasurer, Miss Margaret Worth. Miss Elizabeth Telford, superintendent of Hahnemann Hospital and Training-School, was made honorary member of the association. A Committee on Constitution and By-Laws was appointed, consisting of Miss Mary Jackson, Miss Grace E. Pringle, Miss Juliet Violener, and Miss Sarah E. Williams, with Miss Anna B. Walton as chairman, committee to report at next meeting, which will be held at the hospital the second Thursday in December. After adjournment light refreshments were served in one of the parlors of the hospital, where a pleasant hour was spent among old associations. Much gratitude is felt on account of the enthusiasm displayed on the subject of organization by nurses, doctors, and friends. The meeting was largely attended, and many regrets were received from those unable to attend.

BOSTON.—The *Alumnæ* Association of the Boston and Massachusetts General Hospital Training-School for Nurses celebrated the thirteenth anniversary of the founding of the Training-School on the evening of November 24, 1903, in the New Out-Patient Building. The rooms were very prettily decorated with palms and evergreens. A large number of guests were present, and a number of the early graduates, among them Mrs. M. Johanneson, who is a member of the first class. Miss M. E. P. Davis, who presided, introduced as the first speaker Mrs. C. P. Curtis, a member of the original Training-School Board, who told of the work done in establishing the school. Miss Linda Richards, the first superintendent of the Training-School, who was also a trained nurse, spoke of many of the difficulties which were met and overcome in the early days of the school, bringing out very clearly the difference between the work of the trained and the untrained nurse. Dr. Richard C. Cabot spoke of the progress which has been made by the school and gave many valuable suggestions about the education and work of nurses. An informal reception with music and refreshments followed the literary part of the programme.

SYRACUSE, N. Y.—The adjourned monthly meeting of the *Alumnæ* Association of the House of the Good Shepherd was held at the Nurses' Home, 105 Waverly Avenue, at three P.M., on December 5, 1903. About sixteen members attended. One new member, Miss Madge Wolcott, was admitted, making a total membership of fifty-three. By resolutions duly made and carried it was voted to send a

donation of ten dollars to the Teachers' Course at Columbia College, and also that ten dollars be forwarded to Miss Mary S. Gilmour as a contribution towards the testimonials to be given by the New York State Nurses' Association to Senator Armstrong and Miss Allerton, the valuable and helpful work of whom the members of the Alumnae Association duly and warmly appreciate. Other routine business being transacted, the meeting was addressed by Bishop Huntington, who always finds something helpful to say, and never fails when speaking to nurses to make them feel his deep sympathy in their work and his personal affection for them. Miss Erskine followed with some delightful songs. After serving refreshments the meeting adjourned.

NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx will hold its meetings this year at the League for Political Education, 23 West Forty-fourth Street, New York City. The regular meeting, to which all its members are invited, is held during the afternoon of the second Monday in each month, usually from four to six o'clock, as it was considered that nurses on private duty could more easily attend meetings held at these hours. At the October meeting discussion ensued as to plans for educational work, probably in the form of lectures, and for some social life among the members of the association. A committee was appointed to consider ways and means of attaining some satisfactory result along both these lines, Miss Daniels, chairman, to choose her associates. Eighteen new members were admitted into the association, and seven applications were received to be voted upon at the next meeting. It is requested that members send any change in address to the secretary, Miss A. S. Bussell, 41 East Seventieth Street, New York.

CHICAGO, ILL.—The December meeting of the Alumnae Association of the Illinois Training-School was held on December 8, 1903, with an attendance of seventy-five. The evening was pleasantly spent, after a business meeting from half-past seven to eight o'clock, enjoying music, refreshments, etc. Arrangements have been completed and the purchase made of the five shares of stock in THE AMERICAN JOURNAL OF NURSING which were voted upon at the October meeting. Misses De Witt, Beaton, and Green were appointed a committee to draft a new constitution and by-laws, which have been made necessary by the incorporation of the society. It was decided to devote one-half hour at the next three regular meetings to the discussion of the old constitution and by-laws, and to call for suggestions from members in outlying districts, also to allow the committee until May to present their report. In the meantime the society will abide by its old constitution. The papers on the history of Indiana will be presented at the January meeting.

PHILADELPHIA.—The regular monthly meeting of the Nurse Alumnae Association of the Woman's Hospital of Philadelphia was held by invitation of Dr. Seabrooke, superintendent, in the parlors of the hospital, on Wednesday, November 11, 1903, at three P.M. Miss Allen, president, called the meeting to order. Routine business was transacted, interspersed with interesting discussion. The censors approved for membership Miss Jeannette Byers, Civil Hospital, Santiago, Cuba. A letter from Miss Anna B. Cook, one of the members, head nurse in Dr. Howard Kelly's private hospital, Baltimore, Md., was read. Also a letter from Miss Sara Rudden, president of the University Hospital Alumnae Association,

Philadelphia. A Committee on Arrangements and Reception for a tea in honor of the graduating class was appointed. Miss Allen will address the class at the commencement in December. There was a large attendance at this meeting, and the nurses were enthusiastically appreciative of Dr. Seabrooke's delightful hospitality. A social hour with tea and a visit through the hospital followed the business meeting.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnæ Association of the Jewish Hospital was held in the lecture-room of the hospital on Tuesday afternoon, December 1. Eleven members were present. After routine business had been transacted the chairman of the Committee on Arrangements reported having secured the Walnut Street Theatre for a benefit performance on January 25, 26, 27, the play to be "Mrs. Wiggs of the Cabbage Patch." All members present took tickets to sell, and have shown considerable enthusiasm in the work. The proceeds of this benefit will go towards the endowment fund, which has just been started with twelve dollars in a savings bank. The problem of securing a charter for our training-school, State legislation, and the work of the Pennsylvania Society of Graduate Nurses took up the remainder of the hour, and after accepting an invitation from Miss Reiff, the night supervisor of the hospital, to meet her in the Nurses' Home at the close of the meeting, motion was made to adjourn.

NEW YORK.—A social meeting of Camp Roosevelt was held on December 7, at three P.M., at the club-room. The attendance was good, and one new member joining increased our roll-call to forty-five. Announcement was made of the illness of Miss Elizabeth Irwin, a member of the camp. Miss Irwin is at 2340 Seventh Avenue, and would be glad to see any of her friends who could call. A vote of thanks was given to Dr. McGee for her photograph, which she has sent to Camp Roosevelt. According to the decision of the camp at the last meeting that only four business meetings should be held during the year, the alternate Mondays being devoted to social affairs, the meeting on January 4, at three P.M., will have as its chief feature "a grab-bag." The members are asked to contribute as many articles as they can, sending them to Miss Haltern, 155 East Eighty-third Street. Many important matters will be discussed at this meeting and a large attendance is asked for. A comrades' greeting from Camp Roosevelt for a happy and prosperous New Year.

NEW YORK.—The meeting called for the discussion of the advisability of forming a nurses' society of the county of New York, and held at the New York Hospital on Monday, December 8, 1903, was attended by delegates from most of the nurses' associations in this city. Miss Thornton was elected to the chair pro tem. and Miss McKechnie to the office of clerk pro tem. After a free discussion as to the need for such an organization it was shown to be the sense of the meeting that a county society of nurses should now be formed. A motion was offered and carried that a committee of five, Miss Thornton being named as one member, with power to choose her associates, draft a constitution and by-laws for a society of the nurses of the county of New York, this committee to report at an adjourned meeting. Miss Delano tendered the hospitality of Bellevue for the adjourned meeting—accepted. A motion was offered and carried that the meeting be called for the third Monday of January, at eight o'clock in the evening.

COLUMBUS, O.—At a meeting of graduate nurses held February 19, 1902, the Graduate Nurses' Association of Columbus, O., was organized with forty-seven charter members. The meetings, which were to be held every three months, were not well attended, and little was accomplished the first year. At the annual meeting in March, 1903, it was decided to have the meetings held monthly, omitting July and August. Committees have been appointed to take charge of each meeting with selected subjects for discussion. A Nurses' Home is under consideration and a number of new names have been added to the list of members. By invitation the December meeting was held at the residence of Mrs. Bazler, on East Town Street, where, after a short business session with Miss E. Doe in the chair in the absence of the president, a social time was enjoyed by all present. Adjourned to meet at the residence of Miss Elizabeth Allen January 5, 1904.

PHILADELPHIA.—The regular monthly meeting of the Alumnae of the University Hospital was held on Monday, December 7, 1903, at three P.M., and was called to order by the president, Miss Rudden. The "Endowed Room Fund" now amounts to two thousand one hundred and thirty-one dollars and thirty-two cents, not yet half the necessary amount. The committee to raise funds for this object reported through Miss Giberson that no requests would be made until after the Christmas holidays. The following committee was appointed to interview Miss Smith and the hospital chiefs regarding a Registering Board for Nurses to be kept at University Hospital: Miss Dunn, chairman; Miss Giberson, and Miss Damm. The president reminded the members that copies of the "Third International Congress" were yet on hand, to be disposed of at one dollar each. Miss Mary Stocksdales was admitted into membership in the association.

NEW YORK.—At the annual meeting of the Alumnae of the Roosevelt Hospital, held November 5, 1903, the following officers were elected for the ensuing year: President, Miss Julia M. Browne, 65 West One-Hundred-and-Fourth Street; vice-president, Miss Jessie B. Downing; secretary, Miss Grace M. Rundell, Roosevelt Hospital; treasurer, Miss Mayme Francis. General interest was displayed in a report from Miss Sheriff on the development and work of the Stony Wold Sanatorium for tuberculous women and children at Kashaqua, in the Adirondacks. Miss Sheriff followed Miss Gibbs, who was the first of our alumnae to volunteer her services in assisting Mrs. Newcomb, the president of the Stony Wold corporation. Both of these nurses devoted a month to the work at Kashaqua. The meeting also gave a practical expression of its interest by an appropriation of twenty-five dollars.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular monthly meeting on Tuesday, December 8, 1903, at the Academy of Medicine, 17 West Forty-third Street. The usual routine of business was transacted. Dr. William M. Bell gave a very interesting lecture on his three-years' experience in the Philippines. Officers elected for the coming year are as follows: President, Miss J. A. Silver; first vice-president, Mrs. H. F. Porter Ingersoll; second vice-president, Miss J. L. Simmons; recording secretary, Miss G. Forman; corresponding secretary, Mrs. J. M. Syron; financial secretary, Mrs. C. Stevenson; treasurer, Miss M. C. Drew; trustees—Miss H. Sheehan, Miss Le Febvre, and Mrs. W. J. Mitchell. The meeting adjourned to the banquet-hall for the usual cup of tea.

BROOKLYN.—The regular meeting of the Alumnae Association of the Training-School for Nurses of the Long Island College Hospital was held on Tuesday, December 8, 1903. It was announced by the president, Miss Davids, that the association was now incorporated. The new constitution and by-laws were unanimously adopted. After the discussion of some further business the meeting adjourned. A paper on "Modern Surgery" was then given by Dr. Francis William Campbell, showing how the advances of surgery called for the very highest intelligence and efficiency of the trained nurse. The paper was deeply interesting throughout and full of inspiration for nurses, by all of whom it was very highly appreciated.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnae Association was held on Tuesday afternoon, December 1. There were thirty members present. All graduates of the school will be pleased to know that the Ladies' Auxiliary of the Brooklyn Hospital Training-School unanimously decided at their last meeting that graduates could return to the hospital for a post-graduate course without the payment of five dollars per week as heretofore. The treasurer of the Fair Committee reported that a little over six hundred and thirty-nine dollars had been cleared at the fair which was held on November 19 and 20. The meeting was then adjourned.

BROOKLYN, N. Y.—The Graduate Nurses' Association, County of Kings, has arranged a course of twelve lectures to be given at the Cumberland Street Hospital. These lectures will begin the second Tuesday in January, to be continued for twelve succeeding Tuesdays, beginning at three-thirty P.M. *Subjects.*—Four drills in parliamentary procedure by Mrs. Priscilla D. Hackstaff; four lectures on "Child Culture" by Mara Pratt Chadwick, M.D.; four talks on "Travel and Other Countries." At a meeting of the association, held December 3, 1903, it was voted that the lectures be open to all members of alumnae associations and nurses of Brooklyn.

BROOKLYN.—The annual meeting of the Brooklyn Homœopathic Alumnae was held on November 4, 1903, at 1 MacDougal Street. The officers for the coming year are: President, Miss E. S. Park, 363 Grand Avenue; vice-president, Miss S. Parker, 216 Adelphi Street; secretary, Miss Clara Moore, 300 State Street; treasurer, Miss Moulton, 315 Clinton Street. It was with deep regret that the alumnae learned of the death of Miss Charlotte Parton, of the Class of 1890, which took place at her home in Morristown, N. J., November 18, 1903.

NEW BEDFORD, MASS.—The Alumnae Association of the St. Luke's Hospital Training-School for Nurses held its regular monthly meeting on Monday, November 2, at the home of the president of the organization. Eleven nurses were present. Miss C. D. Noyes, superintendent of the hospital, gave an interesting talk on the benefits of State registration, etc. It was decided that a new nurses' pin be adopted by the association, and a committee was appointed to select the design. The meeting adjourned at five P.M., after which tea was served.

BALTIMORE.—The regular meeting of the University of Maryland Nurses' Alumnae was held at the University of Maryland Hospital on December 7, 1903, at three P.M., the object of the meeting being the election of officers for 1904,

which resulted as follows: President, Miss Nannie Lackland; first vice-president, Miss Grace L. Anderson; second vice-president, Miss Lida Rolph; secretary, Miss Eleanor Mayes; treasurer, Miss Nannie Kinniery.

YONKERS, N. Y.—A regular meeting of the Nurses' Alumnae of St. John's Hospital was held on December 16, 1903, in the nurses' temporary home, 183 Palisade Avenue. At this meeting, which was very well attended, one new member was elected and the names of several applicants were announced. Several very interesting papers were read, and after the meeting refreshments were served by the superintendent.

CEDAR RAPIDS, IA.—The graduates of St. Luke's Hospital, Cedar Rapids, Ia., met at the hospital on December 11, 1903, and organized an Alumnae Association. Mrs. Cyrus Metcalf was elected president. Miss Sallie Van Metre, formerly superintendent and a graduate of St. Luke's, was appointed delegate to the State Nurses' Association, which meets in January, 1904, at Des Moines, Ia.

NEW YORK.—New officers elected at the annual meeting of the Alumnae of St. Luke's Hospital, held November 3, 1903, were as follows: President, Miss M. K. Smith; first vice-president, Miss I. L. Evans; second vice-president, Miss R. Toapet; treasurer, Miss C. B. McMiller; secretary, Miss M. A. Sutherland; assistant secretary, Miss K. Lough.

PHILADELPHIA.—In the absence of a quorum, the Philadelphia County Nurses' Association held no meeting on Wednesday, December 9, 1903. Mrs. Watmough, who had been invited to come to this meeting to tell the association something of the work of the Consumers' League, talked informally to the members present while tea was served.

NEW YORK.—The nurses of the Fifty-seventh Street registry held a reception at the registry, 408 West Fifty-seventh Street, on Thursday, November 12, 1903. About one hundred nurses were present. A musical programme was furnished and refreshments served. An enjoyable evening was spent by all present.

PHILADELPHIA.—The Woman's Hospital Alumnae held its regular meeting at 1227 Arch Street on December 9, 1903. There was a large attendance of visitors and members, and after the necessary business was transacted the time was devoted to the entertainment of the Class of 1903.

BROOKLYN.—A regular meeting of the Alumnae Association of the Training-School for Nurses of St. John's Hospital, Brooklyn, N. Y., was held in the hospital lecture-room, November 10, 1903, at eight P.M.

MARRIED

ON Wednesday, December 9, 1903, at the residence of Mr. David Caldwell, 187 Beverley Street, Toronto, by the Rev. H. A. Macpherson, Mary, youngest daughter of the late George Williamson, of Hagersville, Ont., to Mr. J. A. Martin, B.A., all of Toronto. Miss Williamson is a graduate of the Toronto General Hospital School for Nurses, Class of 1896.

ON December 3, 1903, at Toronto, Miss Elena M. M. Eyres, of the Class of 1900, Toronto General Hospital Training-School for Nurses, to Rev. Campbell Hamilton Monro, M.D. Mr. and Mrs. Monro will be at home at The Manse, Ethelbert, Man., after January 15.

AT Renfrew, Ont., on Wednesday, November 25, 1903, Edith Louise, eldest daughter of M. H. Dent, Esq., of Merchants' Bank, Renfrew, to Charles McCrea, barrister, Sudbury. Miss Dent graduated from the Toronto General Hospital School for Nurses in 1901.

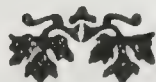
ON December 2, 1903, at Uxbridge, Ont., Miss Adda N. Gould, of the Class of 1899, Toronto General Hospital Training-School for Nurses, to Mr. Donald H. Douglas. Mr. and Mrs. Douglas will be at home in Chatham, Ont., after February 1.

ON November 2, 1903, at Jacksonville, Fla., Miss Effie E. Warner, a graduate of the Lakeside Hospital Training-School of Chicago, to Mr. Raymond C. Sanford. Mr. and Mrs. Sanford are at home in Quincy, Fla.

ON November 25, 1903, Miss Sara C. Smith, of the Class of 1903, Toronto General Hospital School for Nurses, to Mr. Frank A. Pickersgill. Both are of Port Rowan, Canada.

CARRIE V. H. PEARSON, of the Class of 1892, Toronto General Hospital School for Nurses, was married to Mr. Harvey E. Johnson in New Westminster, B. C., on October 6, 1903.

IN Manila, Miss Anna E. Lee, of the Class of 1892, University of Maryland, to Mr. Frederick Lavenskiold, formerly of Texas.



MERCURY is known as the only metallic substance which is liquid at the ordinary temperature and atmospheric pressure.

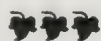
Radium, polonium, actinium, and thorium—these are the remarkable elements recently discovered which give off light the moment they are separated from surrounding substances.

The evolution of heat and light from radium goes on constantly for indefinite periods, but leaves the radium at the end of months of activity as potent as at the beginning. The problem to be solved now is *how* radium *can* constantly throw off heat and light without combustion or chemical change.—*United States Mining Journal*.

TO MEND RUBBER GLOVES.—1. Clean glove carefully with gasoline or benzine. 2. Rub the part to be patched lightly with fine sand- or emery-paper. 3. Apply a thin layer of rubber-cement around the hole, also on patch, and let this become almost dry. 4. Apply cement once more to both patch and glove, and when about to harden bring both surfaces together, and press firmly until dry. If these directions are followed, rubber goods will stand sterilization after being mended.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE NURSING MOVEMENT IN GERMANY

A SHORT time ago we gave some extracts from a paper by Agnes Karll, showing the new tendency of German nurses to become independent of their training-schools and to organize among themselves as American nurses have done.

That Agnes Karll is a woman of fine and strong character and serious purpose is evident from her writings. But in an article called "Nursing Associations Contrasted with Free Nursing Unions," by Clementine von Wallmenich, the head of a notable Red Cross motherhouse in Munich, it may be seen how a nurse and woman of equally fine and lovely character and of equal earnestness views the situation from an exactly opposite standpoint.

Fräulein von Wallmenich, while a conservative by birth and training, is by nature liberal and progressive, as is shown by the innovations she has introduced into her own school. But she belongs to the aristocracy, who look with deep distrust on independence for women, and who feel absolute horror at the thought of doing work *for money*. As a sister, as a voluntary deed of kindness, one may do any kind of service, but not for money. Her article, of which space will only allow us to give an outline, is an ardent plea for and defence of the various nurse-training associations, especially that of the Red Cross, but it is evidently a plea for a lost cause, for German nurses must inevitably free themselves from the life-long bondage in which they are held by the motherhouses, and her own open-mindedness makes one feel that she may some day admit that a self-controlled independence may be compatible with true womanly and nursing ideals.

Beginning with a sketch of the development of nursing and the rise of "free" ideas, she claims that good and reliable nursing service can only be the exception outside of carefully controlled associations on account of the peculiar demands of nursing and its combination of lowly, almost menial, services with those of most delicate and difficult character—its strain upon the moral qualities of the nurse and the various dangers to which she is exposed. She mentions the nursing of men, and says, "In the truly frightful discussions which have lately taken place on the nursing of men patients in private duty it has been shown what serious abuses may exist." She discusses the temptation to extravagance of the private-duty nurse; her tendency to become indifferent and to lose her finer sensibilities; the danger that she may become overbearing and tyrannical unless carefully restrained by a guiding authority. She then says of money: "There is nothing more painful, more humiliating, than to bargain and fix prices where one should only go—with a heart full of self-sacrificing love—to serve. It need not be said what mortifying circumstances the independent nurse meets, even among the rich, and with those of small means it is unendurable to ask pay-

ment when through illness the income has shrunk. In the eyes of the public the work of the sister should be freely given."

She then mentions the anxiety of the "free" nurse in seeking work, and says, "Those who want to earn much must submit to the frightfully exacting claims of hysterical millionaires—odious tormentors—because 'they pay well.'"

She describes the difficulties of union among the "free" nurses; of maintaining central homes and registries; the dissensions and demoralization of the weaker members. She then relates how, cognizant of this disorder, the stronger members, with the support of the German National Council of Women, have lately addressed a memorial to the Minister of Education asking for State control and examinations with testimonial. This seems to her a costly and cumbersome apparatus with little result, for she asks: "How can examinations into moral qualities be carried on, and how can their continuance be certified? Each nurse would have to be under surveillance of the police, for a more fitting oversight would be impossible through its cost."

Although teachers pass a government examination, she thinks nursing quite different. (It is really not different, for teachers should have the same moral qualities as nurses, and they also find opportunities for becoming demoralized if they are not the right kind.) She thinks that in order to show testimonials of any value each nurse would have to have a book similar to those now used for servants, in which, under police supervision, all their working time is accounted for and certificates of character entered. Now it seems that the Council of Women, fully aware of all these difficulties, has made the following clause part of its petition, "that the State should admit to its examinations such training-schools only as could give a guarantee of thorough and equal education to all its nurses, and ample provision for their future," and of this request Fräulein von Wallmenich heartily approves. She believes that State supervision and regulation of training-schools for nurses is just as necessary as it is for the hospitals, and all hospitals in Germany are inspected and regulated by the State. Not only does she hold this reform to be feasible and desirable, but she has herself, in a previously written article, urged it upon the State authorities, as she admits that many training-schools are deficient in these respects.

[We will pause here one moment to point out, especially to our English critics, that this conceded point is the real and vital point that we are all contending for. If the State would demand, and secure, a certain acceptable standard of education as the minimum, we would all immediately be satisfied. It is the *education* we want protected. The moral certificates must come from our organizations.]

The many charges brought against the training-schools of unjustifiable repression of the nurses, of despotism, of overwork and penury, are discussed by her with warmth and ardor, yet too much of it all seems to be true. It seems that the strictly religious orders, the Catholic and Deaconesses', are the original sinners in the matter of overwork. She admits that nurses in German hospitals are heavily overburdened (fourteen hours' work is the custom), but says significantly, "If we, only, expected less of our nurses than has hitherto been expected, we would be unable to compete with the Deaconesses' and Catholic nursing orders." As it is, the payment received by the motherhouses for the services of nurses is not high. "We receive from private hospitals thirty-five marks (a mark equals twenty-four cents), from city hospitals thirty marks, for district nursing fifteen marks payment." (This means, probably, by the month.)

Let us pause here again to remark that since, then, it seems that, after all,

the nursing service *does* come down to a matter of dollars and cents, and as it is shown that nurses, regarded practically as slaves, are hired out to every kind of institution for fourteen to sixteen hours' hard work a day, for a meagre price of which in turn they receive only a bare pittance, it is certainly time for the nurses of Germany to revolt. She compares the religious motherhouses with an absolute monarchy, the "free" nurses with an attempted republic, and the Red Cross training-schools with a constitutional monarchy.

Her account of the new regulations which she has had introduced into the management of the Bavarian motherhouse shows that she is progressive. First, as to recreation and freedom: "The sisters remain in close relation with their own families—are not required to give up family life. They do not live communistically—if they have private means they retain and enjoy them; they can furnish their rooms individually, and, if study is not neglected and if they have proved themselves reliable, their visits, letters, and reading-matter are not supervised; they may attend concerts, theatre, exhibitions, lectures."

Further, in the future the nurses are to be represented on the Managing Board. "The 'Council of Nurses' (Schwesternrat) is composed of ten sisters, one of whom shall be the Oberin (matron). It has some influence in every detail of training-school work, discipline, dismissals, pensions. In the annual meeting it presents suggestions, opinions, and observations in an orderly way. The members of this council are elected every three years by all the sisters of the association in secret ballot conducted by the managers.

"Once a year at least the council meets the managers to discuss the affairs of the association and to receive reports from the Oberin and head sisters." Then, further, the advanced course for preparing able sisters to take charge of hospitals and motherhouses is the work of Fräulein von Wallmenich.

The training-schools of Germany demand a deposit from their pupils equal to the cost of their tuition. If the pupil leave arbitrarily before her time of service has expired, this is forfeited. This seems only fair, for in no other profession do pupils get their training free, as in nursing. The time of training is fixed at one year, after which they promise to give two years of service. This service must also benefit themselves, as a one-year training is very insufficient.

The latter part of Fräulein von Wallmenich's paper, in which she describes the whole-souled devotion with which the matron must give herself to her work and to her nurses, is the best refutation of the unfair criticisms which are often launched against training-school superintendents by unthinking nurses. The whole paper is most interesting, and throws much light upon the internal affairs of German schools of nursing.

LETTERS

It so happened that in going down through the Rhine country and Southern Germany we saw a good deal of the work of the deaconesses under various conditions. And there can be no question that, as workers, they deserve all praise, and that, as persons to meet, they are admirable and lovable. In physique and muscle they seem so sturdy and strong—many of them with the shoulders and backs of field-workers, able to do the hard work of men. Their faces, without exception, as far as I have seen, are gentle and good, serene and kind. Their manner is most amiable; they meet one with a gentle kindness, and are ready to take any amount of trouble for visitors. While a certain proportion are well-

educated, many are apparently of limited education and know little or nothing outside of their work. Of nerves they evidently have none, and of critical requirements none, and of desire for change and new experience little.

They get up at five o'clock in the morning and take turns in doing all kinds of hard work besides the regular ward work. I have seen them hanging out clothes, scrubbing floors, washing ward linen, carrying wood and water, etc.,—besides keeping wards and patients clean, carrying out orders, doing night duty and special duty,—and go to bed after fourteen hours' work with, perhaps, a church service or some singing of hymns as their only relaxation. With all this they are patient and cheerful, and do good, conscientious nursing. The beds I saw under their charge were immaculately clean, the patients' finger-nails clean and trimmed, and surgical dressings neatly made, rolled and pinned, sterilized, and solutions and appliances all well kept. No wonder that women like these, each one able to do the work of three, are looked upon with covetous eyes by hospital managers! Add to this that they are satisfied with twenty-five cents a week pocket-money. I not long ago heard, in a charities conference at home, a medical man and philanthropist advocate the training of an order of women similar to these for district nursing in our American cities. His idea was that one such woman could stay with one patient at a time, nursing the sick person, doing the housework and cooking, dressing the children and seeing that they went to school, washing and ironing, marketing, and managing the finances of the father and wage-earner. Now these German deaconesses could do that just for their living expenses. But what man would do the work of three or four people for his keep only? To be sure, the wives and mothers of poor families do it, but should it become a universal custom? I doubt if the American self-supporting woman will take to it.

One of the most attractive spots I visited in charge of the deaconesses was at Rothenburg on the Tauber, in South Germany, that beautiful old walled town. The hospital, now called the Heilige Geist Spital, is very ancient. Long ago it had been founded as a stopping-place for pilgrims on their way to Jerusalem, afterwards opened to the poor and sick of all kinds, and enclosed in the city walls in 1280. On the grounds there are a church, the hospital proper, almshouses, offices, and granaries. A beautiful bit of architecture is the "Hegenreiters' Haus," where mounted watchmen were always on guard in the old days. The fine old vaulted cook-house is now used as a laundry, and the old baking and brewing buildings are now turned into extra wards for contagious cases. The wards are small, from three to eight beds each, with fine old beamed ceilings, deep window-seats, and each window filled with flowers. The floors were painted and were spotless. Beds made up entirely with white—no bedspreads were used, but only sheets over the blankets. The living-room for the sisters is a fine old room dating from 1565, and its details of doors, ceiling, and windows are so beautiful that there is almost always an artist or two there sketching. The hospital has new plumbing, kitchen ranges, telephone, etc., of which the sisters are immensely proud. They do all the cooking and kitchen work, with help of several maids. The deaconesses in this hospital come from the Augsburg mother-house, and we found the same order in charge at the "Marta Heim" in Nürnberg, where we lodged.

This is one of the places spoken of by Miss Lampe in her article some time ago, and we found it, indeed, as charming as she said. I had not quite understood, before, just what these homes were. It seems that there are different societies here, some Protestant and some Catholic, for the protection of young

girls coming from the country districts or going from one town to another to look for service or employment of various kinds. In all the railroad stations and in the third-class railway trains one sees the placards of these societies warning young women against dangers and advising them to ask for the addresses of the homes. They all have agents at the station. The Protestant have pink signs, the Catholic yellow and blue. They all maintain large establishments in the cities and do immense good, sheltering thousands of respectable girls and finding them positions. The charge made to the girls is from fifteen to twenty cents a day. Then these places nearly all take lodgers to help out with the expenses, and for women who travel in a modest way there are no pleasanter or more homelike stopping-places to be found—quiet, orderly, spotlessly clean, and of very moderate prices. They serve breakfast in one's room; supper, if one wishes it, also—just a simple supper. Dinner they do not always furnish; one must get that outside. It is not hard to find them, even without the "pink book." They are all called "Martha Haus" or Heim, or "Marien Haus," or "Mary-Martha" house or home, or "Vereinshaus." They are found all over Germany; there are some in Switzerland and several in Paris. Many of them are managed by the deaconesses, whose faithfulness cannot be overestimated. L. L. D.



THE following is taken from the *British Journal of Nursing*:

"Under the heading 'The Registration of Nurses,' two able letters appeared in the *British Medical Journal* of October 24 from Dr. Henry Langley Browne, president of the Birmingham and District General Practitioners' Union, West Bromwich, and Dr. Ernest W. Hey Groves, of Clifton. Dr. Browne takes exception to Mr. Sydney Holland's statement that 'when one takes the trouble to inquire into the causes of complaint against trained nurses it is comparatively seldom that ignorance of a nurse's technical duties is the source of the grievance,' and says:

"'It has been constantly noted by members of the medical profession that "ignorance of a nurse's technical duties" exists amongst many of those nurses who are sent out as fully trained, and it is for this reason that some supervision of the training-schools and some test of a nurse's capability is necessary, in the interests of the public, of the medical profession, and of the nurses themselves.'

"Further Dr. Browne says:

"'It is not very many years since nursing duties had to be undertaken by the medical attendant, and there is nothing which has done more to relieve the strain and worry of a doctor's life than the evolution of the trained nurse. Therefore the medical profession owes a great debt of gratitude to the nursing, and it could not be better paid than by supporting the nurses in their legitimate desire for State recognition and registration.'

"Dr. Groves writes:

"'It is outside London and in the rural districts that it is most common to meet the quite untrained nurse, and it is just in such out-of-the-way places where the nurse has to bear the most responsibility, as she is often at a distance from a medical man. I can speak most emphatically from my own experience of the help it would be if a State (or official) Register of Trained Nurses existed.'"

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 12, 1903.

CHAMBERLIN, ANNA B., now on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail for the Philippines on January 1, 1904, for duty in that division.

Hall, Mrs. Mary B., transferred from the General Hospital, Presidio, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Hally, Mary C., transferred from the General Hospital, Presidio, San Francisco, Cal., to duty in the Philippines. Sailed on the transport Logan December 1, 1903.

Hunt, Helen Grant, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail for the Philippines on January 1, 1904, for duty in that division.

Mann, Mrs. Emilyn P., arrived in New York on the Sumner from the Philippines via the Suez; on leave of absence; after leave will be assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Smith, Stella, formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Wilson, Sibbie, transferred from the General Hospital, Presidio, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Winslow, Minnie A., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

NEW ARMY REGULATIONS

UNDER date of November 16, 1903, the War Department has issued new orders governing the Nurse Corps, with some changes that are of interest. We publish the section in which the most important change has been made:

"APPOINTMENT AND DISCHARGE.

"4. The appointments and discharges of nurses shall be made by the Surgeon-General with the approval of the Secretary of War.

"(a) Nurses may be discharged from the service (1) at any time when their services are no longer needed, (2) on account of illness, and (3) for misconduct. Recommendation for the discharge of a nurse on account of misconduct will be submitted to the Surgeon-General with a report of the facts after a careful investigation, of which she shall have due notice and at which she shall have a fair opportunity to be heard in her own defence, and when so discharged the endorsement on the appointment indicating discharge, as provided in paragraph 4 (d) of this order, will state "for misconduct" and the word "honorably" will be omitted.

"(b) A nurse requesting discharge before the expiration of the three years

stipulated in her appointment will ordinarily be required to refund to the Government the amount of her transportation and necessary expenses incurred in obeying her first order. The amount of such reimbursement will be fixed by the Quartermaster-General and payment in accordance therewith will be made to the nearest quartermaster. Requests for discharge must be made to the Surgeon-General and the reasons therefor must be given, supported by a full statement of the facts in the case. An official copy of the order directing her first journey at Government expense must be inclosed. *A nurse discharged under this paragraph will not be given orders to proceed to her home.*

“The Surgeon-General may at his discretion waive the provisions of this paragraph.

“(c) The following form will be used in making appointments of nurses to the Army Nurse Corps:

““ARMY NURSE CORPS,
““WAR DEPARTMENT,
““SURGEON-GENERAL’S OFFICE,
““WASHINGTON.....190..
““With the approval of the Secretary of War....., of....., is hereby appointed nurse in the Nurse Corps (female) for (at least) three years, unless sooner discharged, to date from, 190., and will enter upon her duties after taking the oath prescribed by section 1757 of the Revised Statutes of the United States.
.....
““Surgeon-General, U.S. Army.’

“(d) Upon honorable discharge from service the following indorsement will be placed on the appointment of the nurse:

““....., 190..
““With the approval of the Secretary of War, honorably discharged from the Army Nurse Corps, 190..
““....., U. S. Army.’

“The authority directing her discharge will be quoted.”

It is the desire of the Surgeon-General to have the rules governing the Nurse Corps conform as closely as possible to the rules governing the other branches of the service, and during the five years’ existence of the Army Nurse Corps there have been many instances where it was felt that the right given in the regulations to *request* discharge reacted disadvantageously to the best interests of the service.

Note that Section b of this same paragraph is entirely new. That this may work no hardship upon those who are forced to request discharge, the closing sentence has been added, leaving it discretionary with the Surgeon-General to enforce or not the penalties of the paragraph.

In the form of the appointment the words “at least” have been inserted before “three years.” This was done to obviate the necessity of reappointing nurses at the termination of three years for another term of three years. It was felt that having given meritorious service for that length of time it was desirable to leave it an open question with them as to how much longer they would serve, not forcing them to accept another appointment for another term of three years. Many might feel disinclined to commit themselves to this who would, if the question were not brought to a decision, continue to serve indefinitely.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: The housing of nurses and the management of directories in New York City is at this time a problem puzzling the brains of many nurses. Small registries or so-called nurses' homes crop up in every direction, the principal motive on the part of those in charge being, naturally, to get as much money out of the nurses as possible, without regard to the maintaining of any standards. Any so-called nurse who will pay the desired amount per month is admitted in order to keep the house full.

The *modus operandi* seems to be as follows: to crowd at least four nurses into a room scarcely large enough for three, and keep said rooms indifferently clean; in some cases to have two nurses paying for one bed on the plea that nurses are often out; to charge extra for gas, as though one were expected to sit in the dark. If a graduate nurse runs the place, she frequently uses her privilege by taking calls while there are nurses sitting idle, or she goes out and leaves the "'phone" in care of a maid. Naturally, the result is dissatisfaction.

That there are quite a number of women in New York making a comfortable living out of nurses cannot be denied, and proves that from a business standpoint there is money in a registry. The commission question is one upon which there is a great difference of opinion. Some registries charge a fee of twenty dollars, with no extras; others, with an annual fee of five dollars or ten dollars, charge a commission of five per cent. or ten per cent. upon all cases received through the registry. This is a matter of business which nurses may accept or reject. It should be remembered, however, that after paying the fee equivalents are not always obtained. The ordinary intelligence office, Young Women's Christian Associations, and various kinds of coöperative bureaus find it to their advantage to include trained nurses among the various classes of women seeking employment through these agencies.

Nurses have put up with these existing conditions because they have not yet become sufficiently organized and as units have been powerless to overcome them.

If, as we are told, there are eight thousand nurses in New York City alone, surely they can, if they will, do something to aid their own cause. If it is desired to keep out the undesirable element, it can be done only by united action. The United States would not be the wonderful country it is to-day if all the States had not acted as a unit for the common good. If registries are not what might be desired, the remedy is for nurses themselves to devise some other plan.

The suggestion made in the JOURNAL in the last number that there shall be a central directory, managed by nurses for nurses, and that there shall be a nurses' hotel after the plan of the "Martha Washington," must appeal very strongly to a large body of nurses in New York. Such a plan, under the management of a disinterested Board of Directors, would certainly bring a much-needed reform. If there are other suggestions, let nurses give voice to them, and by free and open discussion the cause will be greatly aided.

M. A. MOORE.

DEAR EDITOR: I am still a very young superintendent of nurses, having occupied my present position for only two months. I often wish the JOURNAL would give some hints to nurses as to the best methods of government and the best ways to interest nurses in their work and studies. *Materia medica* I find to be a very uninteresting study with my nurses. It was never taught in class before I came here, so I decided a couple of weeks ago to take up one or two drugs which were being given on each floor and speak of the particular patients to whom the drug was being administered and how those patients were progressing under the treatment. I have also adopted Miss McIsaac's plan of having demonstrations of practical ward work for the younger nurses once every week. This was, I believe, tried long ago in the Toronto General—whether it originated there or not I could not say. To my senior nurses I give something on the ethics of nursing once a week after class. Sometimes it is only the reading of an article, such as that on "Self-Discipline," published in the JOURNAL a few months ago. I am very anxious to receive some suggestions from older superintendents, and would be glad if it could be through the pages of the JOURNAL. E. H. S.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



ACTION OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—At the twenty-ninth annual session of the Mississippi Valley Medical Association, held at Memphis, October 7 to 9, 1903, the following resolutions were adopted:

"In view of the fact that more than four hundred deaths from tetanus occurred following the Fourth-of-July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the *Journal of the American Medical Association* of August 29, 1903, the great majority of which might have been prevented had proper precautions been taken: therefore be it

"*Resolved*, That the conclusions which follow, as offered by Dr. Stanton in a paper presented before the association at the above meeting, be endorsed as the sense of the association; and further be it

"*Resolved*, That the secretary be instructed to forward a copy of these resolutions and conclusions to the Medical Press, Associated Press, and the secretaries of the several State Medical Societies, with the request that they publish same and take suitable action thereon.

"1. Enforcement of existing laws regarding the sale of toy pistols and other dangerous toys.

"2. Enactment of laws by the nation, States, and municipalities prohibiting the manufacture and sale of toy pistols, blank cartridges, dynamite canes and caps, cannon crackers, etc.

"3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of tetanus.

"4. Immediate use of tetanus antitoxin in all cases of Fourth-of-July wounds, or wounds received in barn-yards, gardens, or other places where tetanus infection is likely to occur.

"5. As a forlorn hope, the injection of tetanus antitoxin after tetanus symptoms have appeared."

EDITOR'S MISCELLANY



A PLEA FOR ALUMNÆ OFFICERS

A GREATER number of years than I care to recall as a member of our own association and an observer of many others has confirmed a suspicion which originated in my mind a decade ago when an officer.

We have a flourishing society with a large membership, a vital interest, good financial standing, and have had our vanity stimulated by much flattering speech and requests for advice from younger societies, until most of us plume our feathers and take credit to ourselves in the thought that it is something to be very proud of. All this is true, very true, but there are further truths which will bear some thought.

First, we might remember that the object of the society is mutual help, professional, financial, and personal. At the very beginning of the organization the first battle to fight was between a small faction which insisted upon the professional aids being given equal prominence with the financial, and the much larger faction which was either strongly in favor of only the financial aids or were too indifferent to give themselves the trouble of forming an opinion, and waited for the success of one side or the other to decide for them.

Time surely seems to have decided in favor of the small number who fought strongly for what seemed to them the vital point of our existence as an association. The battle begun then has never ceased. Every year it rages, often unseen; waged on one side by the few workers who consent to sacrifice time, recreation, rest, and peace of mind and body that this vital spark may be kept alive, and these, with an equally small number of the faithful sympathizers, are arrayed against the number who after paying their dues feel that their duty is done except to supply an abundance of criticism, too often unjust and nearly always irresponsible, of the *few who are doing our work*. I repeat emphatically, and wish it might be printed in red letters, the *few who are doing our work*. Are these few, or have they ever been, exempt from paying their dues too? Have they ever been women of leisure? What return have the rank and file of us ever given them but scant courtesy and scantier thanks? I have seen a letter from a member who wrote of the delay and annoyance she had experienced by a mislaid letter to the society in which she expressed herself so caustically of an overworked officer that it was an insult. Knowing the circumstances, I could not help contrasting the two individuals, one giving every spare minute from a busy life to the society, at the same time enduring endless annoyance without complaint, and the other, as far as I can learn, has never lifted a finger to do any work for the society, but cannot endure one annoyance but she must needs heap indignity upon the head of the offender. When we pay our officers for their work we may have the right to regulate them, but so long as we demand that such service and such self-denial shall be given gratuitously, we had better spend our time giving thanks that Providence has given us *a faithful few to do our work without money or without price*.

We do not mean to do harm, but most of us offend through sheer thought-

lessness, thus making office-holding so unappreciated and thankless a task that we must fairly go on our knees to beg members to serve.

We are just beginning a new year, with many new officers, and I believe that new leaves turned the first of November are quite as good as if postponed to January first. As an older woman, an older nurse, and one of the oldest members, I beg your help, your consideration, and your sympathy for *the few who are doing our work*.

ISABEL McISAAC, '88.

—*Illinois Alumnæ Journal*.

DR. E. J. LEDERLE, Commissioner of Health in New York City, gave a talk on medical school inspection in Philadelphia on December 3. Dr. Lederle was followed by Miss Lina L. Rogers on "School Nursing." A large audience attended, among whom were Mayor Weaver, Dr. Martin, Commissioner of Health and Charities, and many others. They expressed much interest in the work, and hoped to establish the system in their own city.

MISS STANLEY, of the Visiting Nurses' Society, Philadelphia, has begun work in one of the schools in that city. The work is being very satisfactorily carried on, and it is hoped before long to have a staff of twenty nurses. As only one school has been given to make the test in, a great deal of time can be given to those needing care. The supplies are furnished by the Visiting Nurse Society, as well as the services of the nurse.

THE BERLIN CONGRESS.—Will our readers note that the International Congress of Women (as apart from the business meetings) will open in Berlin on Monday, June 13 next, and will last throughout the week, closing on Saturday, June 18, so that those who intend to be present should make arrangements accordingly?

The Quinquennial Meeting of the International Council of Nurses will be held on one day during the same week to enable the members to attend to their own business and, at the same time, take part in the instructive and social gatherings arranged in connection with the International Congress of Women, organized by the German National Council.

It is hoped that the nurses from the various countries will find time to meet together round the festive board at a banquet, where, no doubt, they will be inspired to the exchange of compliments of a delicate and flattering order, which will revive the memories of that most animated gathering arranged by the Matrons' Council at the last international meeting in London in 1899.

The official report of recent meetings, and the proposed programme for the meeting of the International Council of Nurses at Berlin, will be published in our next issue.

Miss Mollett, matron of the Royal South Hants and Southampton Hospital, is kindly interesting herself in the details of travel, board, residence, etc., for nurses and their friends who would like to make up a party of twenty to attend the Congress in Berlin, so that all communications on this matter should be addressed to her.—*British Journal of Nursing*.

Miss Mary E. Thornton is preparing to conduct a party of nurses from the United States. Her address is 120 East Thirty-first Street, New York City.

EDITORIAL COMMENT



WHO ARE THE WORKERS?

MISS McISAAC'S little sermon to the members of her own *alumnæ*, which we print in the "Miscellany" of this number, is the best bit of advice to grumblers that we have seen in a long time.

We want to be understood as indorsing most emphatically every word Miss McIsaac has said, and we would like to offer, as a New Year's suggestion, this advice to these same grumblers. Suppose by way of a change we all try the experiment of commending rather than condemning? It is a poor kind of philanthropist who always tears down, but who never reconstructs. If, for reasons adequate or not, we are not doing the work ourselves, let us try the policy of saying our little word of gratitude to those who are carrying the burden, even if they don't seem to us to be doing so very well. Perhaps they lack just the stimulus of our appreciation to carry them over the hard places. There is cold comfort in feeling that we are doing our duty, when no one else seems to care whether we are doing it or not.

The women who are doing all the hard work in our organizations are the busiest women we have. They are the women whose services are worth something, and who are never so hard pushed that they cannot manage to do one thing more.

We are coming to the conclusion that the women who "never have time" are either shirkers or incapable. However that may be, there is no reason why they should accept in silence, at the best, the effort of those who are doing the work, without some occasional expression of personal appreciation. A cold vote of thanks at the end of a long, hard public service is a heartless sort of thing, after all, while a cordial word from the rank and file sends a worker home with a glad heart. It is worth the experiment, and the new year is at hand.

THE PENNSYLVANIA STATE MEETING

WE call the attention of Pennsylvania nurses to the official announcement of the State meeting to be held in Harrisburg on Wednesday and Thursday, January 27 and 28. It is of great importance that the nurses of the State should become personally acquainted and learn to work together before any attempt to secure legislation is made, and this can only be done by attending meeting and discussing the important features of the bill before it is presented. Each meeting stimulates a local interest both on the part of nurses and public, and serves as an educator. We understand that a very interesting programme is being arranged and that a large attendance is expected.

NEW SOCIETIES

MARYLAND has organized a State association, with Miss M. A. Nutting as president and Miss S. J. Martin as secretary, and in the two-days' meeting held in Baltimore, of which the report is found upon another page, the essential

points in the formation of such a society were covered and a bill discussed and outlined.

Washington, in the District of Columbia, and Indiana have organized, Ohio will organize this month, a meeting having been called to be held in Cincinnati on January 27 and 28, Iowa is moving, and there are murmurings from a number of other States. In fact, registration is forging ahead in a manner most inspiring. 1903 was a great year; 1904 promises to be even greater.

THE WORK OF THE EXAMINERS

THE work of the nurse examiners is of a very tedious and laborious character. The curriculum and standing of every training-school applying for registration must be carefully investigated. This means looking over a lot of printed matter, often to find that no definite conclusion can be obtained without further and more definite information being asked for. Consequently many schools that may eventually be found to meet the requirements cannot be promptly reported.

All five members of the board in New York State are required to sign the certificates recommending the registration of both schools and individuals to the Board of Regents. The certificate recommending the registration of nurses reads as follows:

"_____, being well known to this board as meeting the professional requirements set forth in the sworn application herewith inclosed, is hereby unanimously recommended to the Regents as entitled to a certificate { without examination
with examination in practical nursing
with full examination }
as a registered nurse (R. N.) pursuant to laws of 1903, ch. 293, § 206.

State Board of Nurse Examiners } [Signed] _____

This makes a careful examination of every applicant necessary, and where the nurse making the application and her three endorsers are unknown to all members of the board passing upon such papers will take much time.

The suggestion is made that nurses shall try to secure at least one endorser who is personally known to at least one member of the Board of Examiners. This will facilitate the work of the examiners, and prevent a disappointing delay for the nurses. For convenience the names of the examiners are published again:

Miss Annie Damer, 76 Huron Street, Buffalo; Miss Sophia F. Palmer, 149 Chestnut Street, Rochester; Miss J. E. Hitchcock, 265 Henry Street, New York; Mr. L. B. Sanford, 217 East Twenty-seventh Street, New York, and Miss Dorothea Macdonald, 90 Hewes Street, Brooklyn, N. Y.

PRELIMINARY TRAINING

ALTHOUGH agitation for State registration and preliminary training began in this country at about the same time, State registration has made greater progress than preliminary training. A few good schools have been established, proving the practical value of the idea, and those to be commended are unquestionably the ones that are an integral part of a regular hospital training-school,

but for economic reasons the system has not become universal, although there is a marked tendency towards a modification of the idea in many directions. The universal adoption of the preliminary idea means a complete revolution in the present system of the administration of hospitals, and there are many interests besides those of the nurses' education that must be taken into consideration.

THE EDUCATION OF THE NURSE.

At the celebration of the thirtieth anniversary of the establishment of the Training-School of the Massachusetts General Hospital in Boston on the evening of November 23, 1903, Miss M. E. P. Davis, in her remarks as the presiding officer of the occasion, referred to the subject of the education of nurses of the future in part as follows:

"The separation of the theoretical from the practical, by which the applicant is prepared to enter upon her duties intelligently as a probationer, and by which the hospital is relieved from the needless responsibility of teaching the theory at the time and place when all its energies should be devoted to the study and practice of nursing, is universally recognized by persons of advanced thought to be the only legitimate solution of the problem of the education of the nurse of the future.

"The hospital has had the controlling power, and naturally hesitates to relinquish it. Universities and technical schools, in looking about for new fields to conquer, are essaying to include the education of the nurse in their curricula. Medical men by reason of the interdependence of the two professions feel that they have the knowledge which confers the right to dictate, although Dr. Worcester has said that 'physicians look forward with hopeful anticipation to the time when they shall be relieved of much of this work by nurses who, having mastered both the science and the art of nursing, shall undertake *all* the teaching of their successors.'

"The time has now come when nurses should have a voice in fixing the standards and in controlling the methods of instruction in the proposed new order of things.

"They recognize the vital interests of the hospitals; they see where the universities and technical schools could be made most effective, economical, and valuable; and they appreciate the attitude of the medical men.

"What they hope to see accomplished is the union of all these interests and forces—in coöperation with nurses."

Before another thirty years shall have passed we believe such coöperation as Miss Davis suggests will have come about. The opposing forces, if there are any, will give way before the broader spirit.

Dr. Richard Cabot, in his address upon this occasion, dwelt at some length upon the comparative development of medicine and nursing, showing that nursing had progressed upon practically the same lines as the medical profession. He did not venture to predict the future of nursing, but if, as he showed it had in the past, the evolution of nursing is to continue to follow the evolution of medicine, the suggestion of a daring spirit that we shall eventually have our own nursing colleges, with our own hospitals attached, where nurses will be taught by nurses, is not such a wild dream after all. The younger women will live to see this accomplished.

Miss Richards's address, found in this number, loses much by being printed. Miss Richards reads so much between the lines, tells so many little stories, and

refers to so many interesting people and places, that her written pages give a most inadequate idea of what she has really said. One had the feeling in listening to her that almost everything had been done, and that we need only to go steadily on, each in our own small way, and everything would come out right.

THE EDUCATION OF THE PUBLIC.

But this very comfortable feeling is soon brought to an end. Our pride and our ideals come crashing down into the dust before such a letter as the following, which is an exact reproduction of one recently received by the superintendent of one of the largest training-schools in this country. In it is shown such ignorance of nursing standards, such a woful lack of appreciation of the meaning of true dignity, that one can only in wonder exclaim, "What type of nurse has educated this hospital board? Surely our work is only just beginning." The letter reads:

"Wanted within a few weeks a graduate nurse to superintend and manage a small hospital of about twenty beds.

"This nurse will be superintendent, matron, and head nurse, and will be expected to assume full control of the institution so far as overseeing everything is concerned.

"She should have some executive ability. Age twenty-five to thirty-two; height, five feet three inches to five feet six inches; weight, one hundred and eighteen to one hundred and forty-five pounds; fine personal appearance—neat and stylish; elegant form; well-developed, good-looking, dignified; pretty mouth and teeth; splendid health; elegant disposition; popular; good education; medium complexion; pretty eyes; first-class references. Applicants will please send recent photograph, which will be returned if desired. State whether single, married, or widow; where born and raised—city or country; salary expected.

"—— HOSPITAL ASSOCIATION,

"Per —— ———"

* * * * *

"Things went badly, did they?—nurses slow, bad blunders, nothing ready? Very sorry, doctor, but you know our superintendent is *great* on clothes, and she was kept at a fitting and then went to a hat sale, and—well, she simply couldn't get back in time. You know she does not care much for operations anyhow. Oh! you think the *wards* look badly too—beds untidy and patients uncomfortable? But, now, doctor, *did* you ever see such a figure? and *such* style? The solution? Well, that *was* rather bad, but don't say anything to her about it. Don't you remember how her pretty eyes filled with tears and her lovely lips trembled the day you spoke to her about the hot-water bottle burns? You say she lost her head the day that woman went into collapse? That may be, but she certainly was *very* dignified that time when the explosion of the sterilizer blew her cap off! You want to speak to her? Well, I'm sorry, doctor, but she's out driving, and she will not be in until late. You know she is so popular!"

UNITY with courage is the watchword for 1904. May the new year bring success, and with success happiness to all who are working for the uplifting of nursing.

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THE OUT-DOOR RELIEF OF THE CHILDREN'S HOSPITAL, BOSTON

BY LUCY W. DAVIS

Graduate Children's Hospital

OF the thousands of cases passing yearly through the Surgical Out-Patient Department of the Children's Hospital there are many not requiring operative or hospital-bed treatment who yet imperatively need more than the unskilled care of the mother at home. Of such kind are the cases of chronic tubercular joint-disease, often tubercular joint-disease in the acute stage not needing operation, also rachitis, convalescent empyema, and others.

It was seen that if provision could be made for the proper treatment of these children in their own homes, many beds in both the hospital and Convalescent Home at Wellesley Hills could be freed for more serious cases. The initial work in this direction was done by Dr. Charles L. Scudder in 1895. He raised a fund which paid for the special services of a nurse of the Boston Instructive District Nursing Association for one year. After this trial of a year, the work was seen to be of such value that it was at once adopted as part of the regular activity of the Children's Hospital. And thus the out-door relief work has become a distinct part of the hospital Training-School for Nurses in the third year.

The term of service for each nurse detailed for this work is at least three months—not less, because with each new appointment much time is inevitably lost by the nurse in learning the way among the “cow-paths” of Old Boston. Nor is the work limited to the city proper. The nurse's circuit sometimes lies through suburbs twelve or fifteen miles away.

Cases are recommended to the Out-Door Relief Department by any

of the assistant surgeons of the Out-Patient Department. The form used is as follows:

Name Margaret Lafferty.
 Address.....50 Tyler Street.
 Father's name.....William Lafferty.
 Date.....July 1, 1902.
 Diagnosis Hip disease.
 Referred for.....Frame and traction.

To the Out-Door Relief Department.

This slip is handed to the head nurse of the Out-Patient Department, who has charge of all the out-door relief work. Each morning she gives to the visiting nurse all instructions received by her from the surgeons concerning either new cases or those already under the care of the department. Each night the visiting nurse returns both a written and oral report of the visits made and the progress of the patients. Except in case of special directions received, it is left to the visiting nurse to make her visits in order according to her own judgment. It is her duty to direct her patients, from time to time as seems necessary, to report at the Out-Patient Department for examination by the surgeons. If an emergency arises, or if the patient is unable to reach the hospital and is in need of the doctor's care, one of the assistant surgeons will always accompany the nurse upon her visit. In the summer the nurse also sees to it that each little patient is sent out of the hot city streets for at least two weeks to one of the seashore homes, the Children's Island Sanitarium, or the Burrage Hospital. Many of the children go to such homes several years in succession.

The pupil nurse who first started on her rounds in 1896 had on her list ten cases. There were made in that year five hundred and fifty-two visits. In the year 1902 there were made two thousand and sixty-nine visits, and the nurse carries now a list of from thirty to fifty names.

The equipment of the nurse is simple: an apron, bandages, absorbent gauze, a few disinfectants and a few instruments, extensions, alcohol and boric-acid ointment, and a splint-key. She needs also a supply of patience and tact for dealing with maternal ignorance and sloth. When districts to be traversed are contiguous the visits sometimes number fifteen in one day. This is the exception. Some visits mean only a few minutes, "old dressings" doing well in the hands of the mother, who has grown skilful through years of enforced experience. But it may be a new case or an acute hip to be put up with traction for the first time. On the arrival of the nurse here the mother explains that she has been unable to touch the child for twenty-four hours because "he screams so."

Consequently the patient is found in a somewhat deplorable condition, and must, first of all, be made clean. Next, the bed under him

must be prepared, and then the extension applied to the sensitive little leg. And because she knows just how the nurse is able to do all this, so that the child, intensely on the watch for being hurt, has hardly an occasion to make a sound. Meanwhile, other members of the family are dispatched for twine, a pulley, blocks for the foot of the bed, and other appliances, by means of which the child is finally left in greater comfort than he has known for some days. All this means time, but lacking just this amount of trained care the child would have to be admitted to the hospital ward. If the parents are sensible people, all goes well. And the nurse watches with delight how the sensitiveness decreases under "her treatment," until at last the boy is carried to the hospital on his frame to be measured for a splint.

First treatment is not always easy to put through in a child's home. The parents are often ignorant and far from sensible. The mother watches with silent suspicion while the nurse straps her child upon a frame and attaches to it various other strange contrivances. Night comes; the child, no longer diverted by the family life around it, cries persistently, until the mother turns downright distrustful and takes the apparatus to pieces.

It may be a baby with rickets. The Italian mother says nothing while baby is put upon the frame. But at the next visit the frame is found standing in a corner, while baby is at large upon the floor with the warping of her bones going on apace. The nurse brings up the example of Philomena in the tenement opposite, a neglected case of rickets, now fourteen years old, only three feet high, and twisted every imaginable way. The argument may, and may not, avail for another trial of the treatment. The Italian mother sighs and repeats half-stolidly, half-hopelessly, that baby cries. If she has five or six others besides one newly born, it will not be so strange if the nurse has to go away with the frame under her arm.

There is also another side of the work; as when, hearing that the nurse has arrived, half the women of the tenement come, bringing their halt and their lame, and the nurse holds a little clinic all by herself. Though always confining herself to that sphere of usefulness whose mandate to the nurse is "thus far shalt thou go, and no farther," she can for the minor ailments advise such harmless remedies as fresh air, wholesome diet, or soothing ointment; for those more serious she can direct them to the proper hospitals or free clinics with which Boston is so generously supplied.

Often a case of extreme poverty can be relieved by reporting it to the Associated Charities, who are ever ready to come to the assistance of the deserving poor.

Thus the influence of our out-door relief work can be seen to be more

far-reaching in its effects than it claims to be in its original purpose. It widens our sphere of surgical helpfulness, develops the powers of observation and self-reliance of each nurse upon whom the privilege of work in this department falls. It sends many children each year out of the disastrous heat of the city to seashore and country, where their health is renewed and fresh strength received to help them fight the disease with which they are burdened, and incidentally shows the wretched mothers the value of care and cleanliness. To these people, who largely are aliens, for much of our work lies among the Italians, and Jews from Russia, cleanliness, fresh air, and that far-reaching law of brotherly love come in the form of innovations to be at first accepted with suspicion and incredulity, but our experience is that gratitude and trust will take their place as time goes on, for the mother-love that is in them prompts them that the hospital and its workers are their children's friends, and so theirs.

Not only the nurses, but the children themselves, do their share in propagating the gospel of health. They have become accustomed during their stay in the hospital to the luxury of a clean body and wholesome food, and in the candor of childhood tell their parents of it and wish for similar things at home. So the seeds of comfort are planted, which will bear fruit, if not abundantly now, in the coming generation.

SOME CLINICAL FEATURES OF TRACHOMA

BY HERBERT WRIGHT WOOTTON, M.D.

New York

TRACHOMA is an affection primarily of the palpebral conjunctiva, contagious in nature, and in this country, at least, generally chronic in course, which as it progresses leads to extensive changes in the lids and in the tissues of the eyeball, and which, unless checked by treatment, causes in time great diminution in vision, though rarely absolute blindness. The changes present in the conjunctiva consist at first in the deposit therein of spherical bodies, the trachoma granules, and the production of hypertrophy of the mucous membrane. The trachoma granules vary somewhat in size in the same case. The larger granules are about as large as a pin's head and translucent. As a rule, they are first observed in the lower fold of transition—that is to say, on the inner surface of the lower lid at the point where the conjunctiva leaves the lid to pass upon the surface of the globe. At the same time smaller granules will be present deeper in the tissues of the conjunctiva, and, in consequence, the conjunctiva will be hypertrophied and thrown into

folds. Upon everting the upper lid, on the surface of the tarsal cartilage, the trachoma granules appear in the early stages as deeply seated, small, yellowish bodies. In this situation, as the conjunctiva is closely adherent to the cartilage, folding of the mucous membrane does not so readily take place, and it is therefore here that the granules are most clearly to be observed. Throughout the rest of the conjunctival surface of the upper lid hypertrophy readily takes place, and on eversion is earliest recognized at the outer and inner margins of the cartilage. Gradually the membrane becomes extensively infiltrated with the trachoma granules and markedly hypertrophied. Some of the granules are large and soft, others are small and hard. Both kinds of granules are invariably found together, but in any individual case one or the other may greatly predominate and so give a sort of type to the disease.

This stage, as a rule, takes several years for its completion, and during its progress symptoms of irritation are frequently absent, at least for the greater part of the time. There are usually transitory attacks of congestion of the eyeball and lachrymation, and some muco-purulent discharge from time to time, but for long periods there may be no symptoms to suggest the necessity for a careful examination. In the earliest stages of this period diagnosis is difficult, differentiation from the disease known as follicular conjunctivitis being by no means easy. The granules (follicles) of follicular conjunctivitis are smaller than those of trachoma and are arranged in parallel rows on the mucous surface of the lower lid. They are not accompanied by hypertrophy of the mucous membrane, nor are they to be found deep-seated in the conjunctiva covering the superior tarsal cartilage. If, on everting the lower lid, we find only small follicles in parallel rows unaccompanied by hypertrophy, with no changes in the conjunctiva of the upper lid, we cannot, therefore, say that the case is one of trachoma; but if we are doubtful as to the character of these follicles, and think that the mucous membrane presents commencing hypertrophy, we then evert the upper lid, when if we find follicles on the surface of the tarsal cartilage our diagnosis of trachoma will be confirmed. So in doubtful cases we should not neglect to evert the upper lid and examine it carefully.

As the disease progresses some of the follicles rupture, others gradually disappear by conversion into connective-tissue. The membrane gradually shrinks, becomes atrophic, and is gradually replaced in part by cicatrices. The cicatrices contract and distortion of the cartilages results. The palpebral fissure becomes narrowed, the margins of the lids inverted (entropion), and the eye-lashes are brought in contact with the globe, causing great irritation. The cornea becomes hazy in its upper part and permeated with blood-vessels (pannus), while ulceration of its

surface occurs from time to time, causing pain, photophobia, and lachrymation. There are two theories adduced to explain pannus. The first, and older, ascribes its occurrence to irritation and infection of the cornea by the rough, hard, and thickened upper lid. The second, more modern, and at present more generally held, maintains that pannus is trachoma of the cornea, its character being modified by the structure of the tissue it involves. For my own part, I must confess that the clinical evidence in support of the former theory, and particularly that furnished by the pannus which occasionally follows operations for trachoma, seems to me to be very strong. In the latter class of cases the lids are invariably greatly roughened. Unless the course of the disease be checked, the pannus increases and the cornea gradually becomes permeated by connective-tissue, loses still further its transparency, becomes weakened, and bulges forward under the pressure of the intra-ocular fluids. In late stages of the disease the iris may become involved, a rather sluggish form of iritis being present. Occasionally, though very rarely, a trachomatous ulcer will perforate the cornea.

The progress of the disease as usually seen in this country is chronic, requiring years to reach the stage of cicatricial contraction of the lids. Consequently the follicular stage is found most frequently in childhood and adolescence, the cicatricial in adult life.

The disease is transmitted by contagion, by direct contact of the discharge of a trachomatous eye with that of a healthy eye. The particular germ to which the disease is due, if there be one, has not as yet been isolated. During the last twelve months two physicians and three nurses of the trachoma service at Gouverneur Hospital have contracted the disease in spite of all possible precautions. From this we may draw the deduction that the disease is contagious to a decided degree. On the other hand, Pisinger was not always successful in producing trachoma by inoculation. The disease is not communicable through the air, and is most highly contagious during periods of acute exacerbation, during which times secretion is abundant. The disease belongs essentially to the tenement population, and is uncommon among those whose circumstances permit of more comfortable environment. It is therefore a disease of clinical rather than of private practice. It is apt to be especially prevalent in institutions for children, in which as large a proportion as twenty-five per cent. of the inmates may be found affected. Simple overcrowding and dirty surroundings are not directly responsible, however, for the disease, but where children are crowded together the chances of infection are greatly increased, and uncleanly habits naturally aid in this direction. I have not been able to assure myself that an anæmic or run-down condition is to be regarded as a predisposing cause. A

racial predisposition does, however, undoubtedly exist. The disease is most prevalent among the Jews and Irish. The negro, on the other hand, appears to enjoy comparative immunity, which is not, however, as complete as some writers state.

Considering the obstinate and relapsing character of this disease, and the fact that one year and a half ago ten per cent. of the school-children of New York were found to be afflicted with it, it would seem that something might be done in the way of prophylaxis by excluding from our shores such immigrants as suffer from trachoma. As it is in their homes that children are most likely to become infected, the distribution of circulars explaining the nature of the disease to our tenement-house population would, I think, be productive of considerable good, at least in time. In addition, in consideration of the many sources of infection in institutions for children, it is greatly to be desired that one such institution should be set apart for the reception of trachomatous patients. The actual treatment of the disease consists in local measures, non-operative and operative. Of the former the oldest, and to my mind the best, consists in the application to the everted lids of the solid stick of sulphate of copper every day or less frequently, according to the severity of the case. Although tedious and somewhat painful, this treatment is not infrequently exceedingly satisfactory, and is particularly apt to be so in cases presenting a relatively large number of soft granulations and in cases in which the granules have begun to disappear and hypertrophy of the membrane still remains. Daily frictions with a pledget of cotton saturated with bichloride of mercury 1 in 2000 to 1 in 500 is popular with many surgeons. It has seemed to me that the effect produced has been due more to the friction than to the chemical employed. Solutions of formalin employed in the same manner have seemed to me to have no specific effect. At the Hospital for Contagious Eye Diseases, established by the Department of Health, an opportunity to compare these methods in fifteen thousand cases demonstrated to the minds of the physicians in attendance the undoubted superiority of the sulphate of copper. The operative treatment of the follicular stage of trachoma consists in the expression, or squeezing out, of the granules, either with or without previous scarification of the membrane. This operation necessitates a general anæsthetic, ether by preference. Nitrous oxide gas is unsatisfactory for this purpose on account of the congestion it produces, the hemorrhage being so profuse that the field of operation is much obscured. Ethyl chloride, in my opinion, is not safe. The operation cannot be thoroughly performed under cocaine, even when this drug is used in the form of an impalpable powder applied to the everted lids. Chloroform should be reserved for cases of albuminuria.

The operation is performed as follows: The lids are everted with a pair of Noyes's trachoma forceps, while with another pair or with Knapp's or Prince's forceps the granules are squeezed out, either with or without previous scarification. At the Contagious Eye Disease Hospital the operators prefer to use first Jameson's trachomatomes, which express at the same time that they scarify. The operation is then completed with Noyes's forceps, while Prince's forceps are finally used to remove the granules situated in the canthi. The mucous membrane is then thoroughly rubbed with a solution of bichloride of mercury 1 in 500, sterilized white vaselin is applied to the surface, or a few drops of castor-oil are instilled into the eye, a sterilized gauze dressing is applied, and the eyes are bandaged. The bandage is removed as soon as the patient recovers from the influence of the anæsthetic. The longer the bandage is retained, the more extensive will be the adhesions. The adhesions are caused by the agglutination of folds of conjunctiva denuded of their epithelium by the operation. They should be separated with a probe daily, until their tendency to formation ceases. Reaction is to be combated with ice compresses, irrigations of boracic acid, and, if secretion be profuse, some one of the silver salts should be used, preferably argyrol in twenty per cent. solution.

Old cases of trachoma with cicatricial changes in the lids and pannus are best treated by linear scarifications, the pannus being combated by atropine and hot applications. This treatment sometimes gives very good results. If the palpebral aperture be much contracted, a free cantholysis is indicated and is of the greatest service. With the jequirity treatment of old non-vascular pannus I have had no experience, but when in these cases the cornea becomes ectatic (bulges), the operation of iridectomy often gives a good result, even when the intra-ocular tension does not seem to be increased.

DESCRIPTION OF THE HEATING, LIGHTING, AND VENTILATION OF THE LYING-IN HOSPITAL, NEW YORK*

By LOUISE BURDETTE

Superintendent of Nurses

IN modern hospital construction there are probably no greater problems to be solved than those of satisfactory light, heat, and ventilation, all of which are so essential to the welfare of patients who are brought together in a hospital ward.

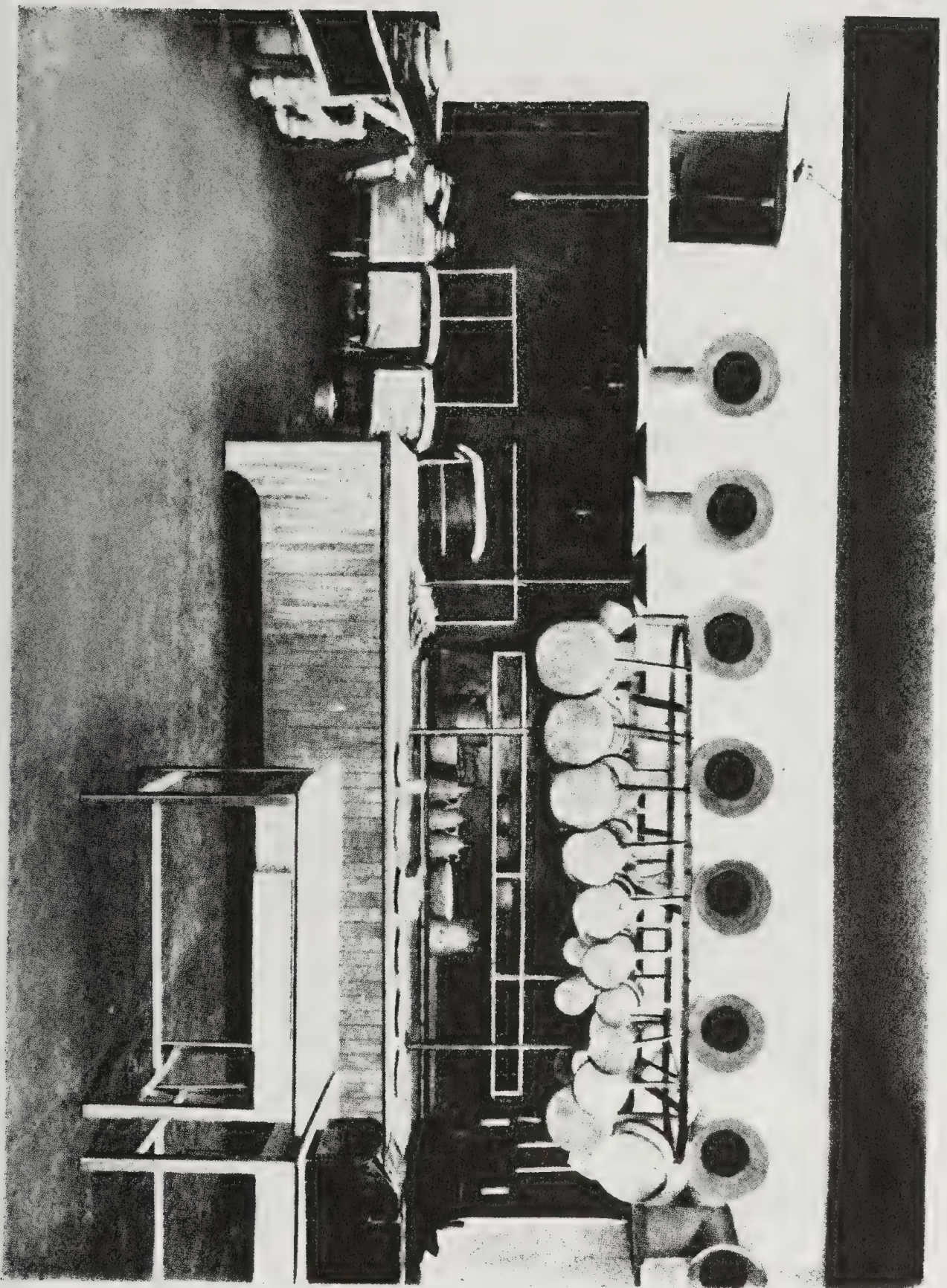
* Read at the meeting of Superintendents of Training-Schools in Pittsburg, October, 1903.



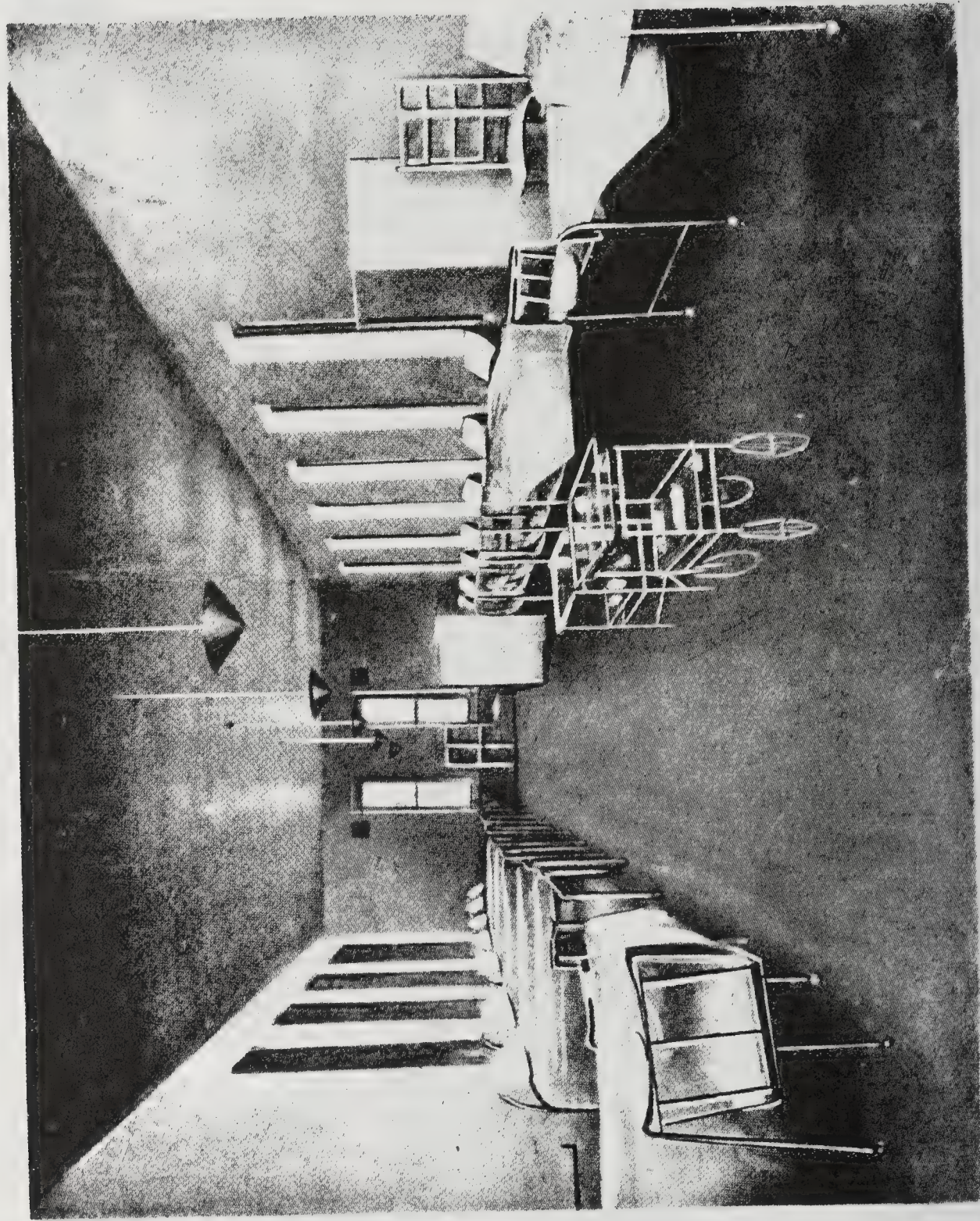
THE SOCIETY OF THE LYING-IN HOSPITAL, SECOND AVENUE, SEVENTEENTH AND
EIGHTEENTH STREETS



THE SOLARIUM, LOCATED ON TOP OF HOSPITAL, WHERE CONVALESCENTS MAY SIT AND HAVE THE
BENEFIT OF FRESH AIR AND SUNSHINE



KITCHEN, LOCATED ON TOP OF BUILDING



WARD, LOCATED ON EIGHTEENTH STREET SIDE, WITH A CAPACITY OF TWENTY BEDS, SHOWING
CORRECTED STEEL SHADE FOR ELECTRIC LIGHTS

In ventilation we have confronting us at once the question of furnishing a constant supply of fresh air to the wards without causing draughts, at the same time having this air heated to a uniform temperature before it enters the wards. This problem is very satisfactorily solved at the Lying-In Hospital, as will be described in what follows.

Not less important is the question of keeping the hospital throughout at a uniform temperature so that all parts of the building, general wards, operating-rooms, patients' receiving-rooms, babies' wards, etc., do not vary, whatever the outside climatic conditions may be. This we have also solved by automatic heat-regulating apparatus.

It is also desirable, particularly in an obstetrical hospital, where every effort is used to prevent the possibility of infection to newly delivered patients, to do away with every uneven surface that would afford lodgement for dust or infective matter, and as radiators of any sort must necessarily be of great surface, such as coils of pipe, these in an open ward of the kind mentioned are objectionable. This defect is obviated by placing all radiators in the wards behind tight steel guards which are so constructed that the surface is perfectly smooth and affords no lodgement for dust or foreign matter, and greatly facilitates the cleaning of the ward.

It might be of interest to add at this point that the entire hospital construction is also such that no angles or abrupt surfaces afford lodgement for dust. At the junction of side and end walls and ceiling and floor are curves instead of angles. The tops of all instrument- and dressing-cases are sloping instead of at right angles. In all ward furniture this idea is also carried out, and this, when all furniture, walls, etc., are white enamel, makes dust easily seen and easily removable.

All plumbing is exposed to view. All sinks, toilets, and bath-rooms have the flushometer attachment, and in this is also carried out the idea of doing away with angles or crevices.

All ward window-shades are of water-proof canvas and are on the outside of windows. The seats of the water-closets are in the form of a ring of a white composition material which is enamelled and not attached to the bowl. This can be removed and immersed in a disinfecting solution and cleansed with ease.

In the lighting of the hospital wards, operating-rooms, etc., several new ideas have been worked out and may be of interest. The problem has always been to furnish light that is bright, yet so diffused that it does not shine directly into the eyes of the patients. Some form of portable light is also desirable where dressings have to be done at night. This should be of a kind so that a bright light can be directed where needed without disturbing others in the same ward. The Lying-In Hospital is

lighted throughout by electric incandescent lamps from power furnished by the electric plant in the hospital, which consists of three large dynamos and a storage battery of sixty cells. The advantage of the battery is that, during the night, light, elevators, and all electric appliances can be switched on the battery, thus doing away with all vibration from engines and dynamos, also saving labor and fuel.

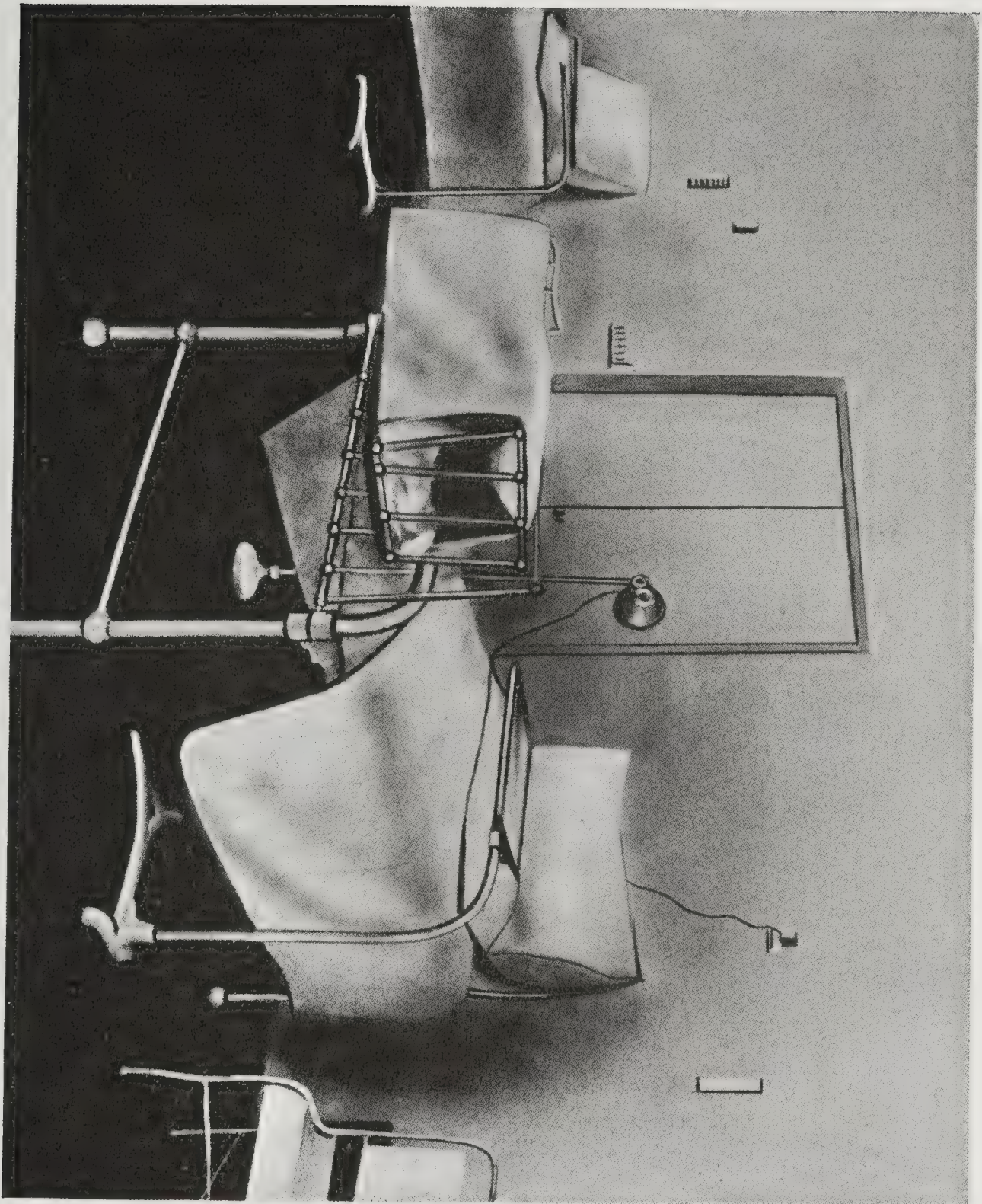
The question of furnishing the diffuse light for the wards without glare is met by placing the lights above a conical steel shade, so that the light is reflected upward against the white ceiling and diffused throughout the ward. This gives a light closely approximating sunlight and without glare. The ward lights are also regulated by dimmers, or an apparatus so arranged that the light can be diminished at will by the turning of a thumb-screw at the switchboard on the side-wall.

At the head of each ward bed there is a socket into which can be inserted a plug with a portable light which has also a steel shade which reflects the light in only one direction. This is used for light in doing dressings and giving night medication.

In the operating-room the light is regulated in the same manner, except that the shade of the chandelier is reversed so that a powerful direct light is thrown down over the operating-room table, and the portable light is arranged so that it stands about six feet high with a flexible gooseneck attachment that can be set at any angle and turned in any direction.

The air which goes to the hospital wards is drawn in through large air-ducts which go to the top of the hospital building. These towers contain a series of large, fine-meshed screens which act as filters, and the air is drawn in by large electrically driven fans. There are four motors located in the cellar forming a part of the ventilating plant, each used to turn a fan nine feet in diameter by five feet wide and driven by a motor of seventeen horse-power supplying air for two thousand five hundred square feet of heating surface. This when of uniform temperature is forced by four fans into various parts of the building.

There is also a system of electric fans, sixteen in number, for the purpose of drawing the foul air from the wards and rooms while a fresh supply is being forced in. There is no possibility, therefore, of any foul air remaining in the building, the supply being at all times absolutely pure and of uniform temperature. To maintain a uniform temperature, the radiators, concealed as before stated, are controlled automatically by thermostats, or a mechanism which by the action of the room temperature on a sensitive metal bar automatically turns on or shuts off the supply of steam to the radiators. These thermostats can be set at any temperature desired, are sensitive to slight temperature changes, and



WARD BED, SHOWING CRIB AT FOOT, BED TRAY, AND MOVABLE ELECTRIC LIGHT

perfectly control the temperature of the building. This is an important factor in a building which contains thirty-three thousand four hundred and sixty-two lineal feet of coil pipes and nine thousand six hundred square feet of radiators. There are forty tons of galvanized iron ducts for heating and ventilation, something like three miles in length. The available floor space in the building is about one hundred and forty thousand square feet.

The floors are made of a composition material called "lignolith," which is light and affords a smooth, hard, waterproof surface which can be easily cleaned.

The number of windows in the building are eleven hundred and fifty-nine, which at once suggests that some method for ease in cleaning would be desirable. This is arranged for by all windows being pivoted on a false frame so that they can be turned from within the wards and rooms and both sides cleaned from within. As no angles are present here, cleaning is greatly facilitated.

The kitchen and laundry are equipped with the newest electrical and steam appliances and are situated on the top floor, so that no odors pass through other parts of the building.

These few points regarding the Lying-In Hospital we trust will be of value to you. There is, of course, much more of interest in the construction and appliances for hospital use, as refrigerating and ice plant, crematory for refuse and soiled dressings, printing plant, disinfecting and sterilizing plant for patients' clothing, etc., but our limited space and time forbids further description at this time, so we offer the foregoing, hoping that from it some helpful points may be gleaned.

DOES THE TRAINING-SCHOOL DO ITS FULL DUTY?

BY SUSAN BARD JOHNSON

Graduate Children's Hospital, Boston

IF nursing be the art of personal service to the helpless, were it not well that the young women being trained in the practice of this art should be taught the importance of the acceptable rendering of that service?

There are women whose innate womanliness will prevent their ever being other than acceptable to those whom they serve; there are others, alas! who lack fineness of feeling and are hard and unsympathetic; but the large majority of young women have a latent capacity for dignified sympathy and unselfish tactfulness, which may be developed and cultivated in the training-school, or may be ignored and tacitly discouraged.

The demand for better nursing, for better nurses, is all about us, and because of this demand training-schools are doing manifestly better work; but I question if they are yet shouldering their full share of the burden.

Undoubtedly the most valuable quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient. It is a regrettable fact that, over and over again, we have known the physician to say, "An excellent nurse, but the patient does not like her." And not infrequently he chooses the nurse whose personality he can trust, though her technique may be somewhat at fault, and he may so be called to keep a closer watch over the case.

But ought this to be so? The one necessary quality has been taught in the training-school; why not the other also?

Scientific accuracy, in broad principles and small details, is both admirable and necessary, and we have proved that woman is able to grasp the fact in theory and carry it out in practice; but no work which a woman does will be done in its fullest perfection unless done with a fine grace and sympathy that is the result of a fully developed and highly cultivated womanliness.

Dr. Weir Mitchell has said that the American woman has a wonderful power of self-development. The truth of this statement may be seen by the readiness with which she responds when the force of any training is brought to bear upon her. Hence, if a young woman graduates from a school of nursing without finely developed tact and sympathy, it is safe to say that at least part of the fault lies in her training.

We will all admit readily that womanliness in a broad sense is emphasized in the schools. Womanly reserve, the self-control which is the natural result of the discipline of hospital etiquette, common kindness—all these are insisted upon, greatly to the benefit of the pupil. What I am pleading for is the uncommon kindness, the long patience, the recognition of the sick one not only as a case or a patient, but as an individual, with a right to preferences and dislikes; the recognition, also, that the sick are sick in mind as well as body. Sick people need soothing and restraining with the same gentle firmness which we use towards children, and some undoubtedly need more restraining and more patience than others, the self-control and unselfishness, or the lack of it, shown in illness generally being in proportion to that exhibited in daily life. But for a nurse to dub her patient "fussy," to make the sick one, who for the time is as helpless and as dependent upon her as an infant, feel that she is a nuisance, or is despised by her nurse, this, no matter how great the provocation may be, is conduct unbecoming a woman.

Fine feelings with quick sympathies and good executive ability are sometimes, but rarely, found in one individual. When a woman is so endowed she is a queen among her compeers; she rules and is beloved and valued by all who come within the circle of her influence. The average woman possesses the one quality but not the other, or, rather, the other is dormant and needs to be developed and cultivated.

The woman with executive ability proves more acceptable in the hospital ward, the woman with quick sympathies in private duty. But the latter must first have her hospital training, and if she wins it, it will be through much greater difficulty than her more phlegmatic sister experiences. Because of her finely strung nature the hard things of hospital life are doubly hard for her; and if she tries to fulfil her own ideal of what a nurse should be, she is in all probability told that she is "spoiling" her patients. She is also hampered by the consciousness that she is lacking in executive ability, and yet she is not taught how to acquire this so necessary attainment. The hospital authorities probably tell her to be more like Miss Smith, and she is silent, as it is not possible to tell them that she would not be like Miss Smith for anything they could offer her. She knows that Miss Smith has excellent executive ability, that her work is always done on time, her ward always in good order, and her patients so well trained that they ask for nothing which is unnecessary—and that last is an important point in gaining time for making necessary surgical supplies. Still, though in some respects she covets—and covets earnestly—Miss Smith's capability, she would not choose to be a nurse whom the patients do not love.

When Miss Jones comes back from her hours off duty to relieve Miss Smith she is at once beset by requests from all sides which have actually been waiting her return—requests to refill the hot-water bag, which has become cold, to turn the heated pillow, to bring the drink of cold water that the feverish lips have been longing to taste, to change the cramped position that has become so wearisome, and to give the bedpan.

They are such simple things she is asked to do, and yet all things which mean so much in nice nursing, the nursing which is required of the graduate from a good school. Yet they do take time, and when Miss Smith returns she will think, if not say, that Miss Jones has been wasting time "fussing" over the patients.

If Miss Jones has a good sense of proportion, she will work out her own salvation. She will deny requests cheerfully when she cannot grant them, making it evident that it is lack of time, not lack of will, which leads her to do so; and she will probably get through the school appreciated for her quick intelligence and insight, though her ward work will

never be what she would wish it herself, or quite up to the hospital standard.

If her sense of proportion is lacking, one of two things is likely to happen: She will perhaps decide that to do the things she would like to do for her patients, the things she would wish done for herself in similar case, is impossible, and must be unnecessary, as the authorities lay no stress upon them and do not seem to allow time for them. She will deliberately shut up her sympathies, and simply try to get through the work with what credit she can to herself. Probably her sympathies will atrophy from lack of use, and she will lose her natural gift without gaining much proficiency in those qualities with which she was not gifted, and so will turn out a commonplace nurse and woman.

Or, on the other hand, she will try her utmost to do all that is required of her and all that she feels is obligatory upon a nurse, and will be dismissed as not physically strong enough or as unfit for hospital work.

Am I wrong in thinking that in this way some good women are lost to the profession?

Of course, if the aim of the hospital is, for economical reasons, to have as few nurses as possible on duty and to get through a given amount of work in the quickest possible time, the grace of the doing and the little things must be largely eliminated. The hospital can justify itself, because, even so, the patients are probably twice as well cared for as they would be at home.

The injustice falls largely on the nurse, who is expected to show in private duty, as soon as she graduates, not only scientific accuracy, but a thoughtful consideration for the preferences of her patient, a graceful and tactful attention to detail which, as a matter of fact, she has had very little opportunity to put into practice for the past three years, though she has doubtless been instructed in the theory.

In Miss Davidson's paper in a recent number of the JOURNAL we recognize as unfortunately true the faults she points out in the private nurse. Doubtless the faults are somewhat those of character, but the onus lies partly on the training-school.

Character, the great gift of all, may be trained and developed, as well as the lesser gifts—the manual dexterity, the quick perception, and the level head—which go to the making up of a good nurse. In justice, whatever is required of the private nurse should not only be inculcated by the training-school, but, so far as is possible, room should be allowed for its actual practice, so that, like bedmaking, it may become a second nature.

To repeat what has been said above, undoubtedly the most valuable

quality a nurse can possess in private duty—next to correct surgical technique—is the quality of being acceptable to her patient.

The quality of being personally acceptable in all relations, not only in the ordinary, but in the extraordinary, in trying, arduous, wearisome relations—this is the trump-card of success in the hand of the private nurse. Because of it she will be invaluable to both doctor and patient. If the hospital is fitting the nurse for private duty, this so important a factor in her equipment should not be overlooked. Its value should be pointed out to the nurse and emphasized in every possible way. Every opportunity should be taken to cultivate those elements of character—the power of putting oneself in another's place, the gracious unselfishness in little things, and the delicate Christian courtesy—which, united, give the quality of personal charm.

Let us hope that the training-schools of the future will teach the art of personal service to the helpless in its fulness and completeness. Then will be solved many difficulties in the sphere of life in which nursing bears so large a part.

DESCRIPTION OF APPLIANCES EXHIBITED AT THE CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES, HELD IN PITTSBURG, OCTOBER, 1903

NEW YORK HOSPITAL

THE following excellent description of the electric pad, the use of which was demonstrated at the Western Pennsylvania Hospital, was found in a recent issue of THE AMERICAN JOURNAL OF NURSING:

“HEAT BY ELECTRICITY—THE MECHANISM AND OPERATION OF AN ELECTRIC HEATING-PAD.—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

“The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor

cord is supplied with a plug for connecting, through the lamp-socket, with either a direct or an alternating circuit and with a switch, which is within easy reach of the patient. By means of this switch a patient can easily regulate the current, which can maintain, in the lamb's wool covering, a maximum temperature of 180.

"The infinite advantage of these electrical heating-pads over more crude devices for applying heat in such cases as pleurisy, neuralgia, and neurasthenia is evident. One has a soft, light, flexible pad less than three-fourths of an inch thick, which can easily be applied to the site of pain and maintained there indefinitely with little or no inconvenience or disturbance to the patient.

"The New York Hospital was one of the first to adapt its electric plant to this use, but this mode of applying heat is now found widely established in hospitals and sanatoria.

"J. C., Class of 1903, New York Hospital."

On the same plan is a larger pad which is used for heating the beds of surgical patients. It is made the same length as the bed and put in when the patient is taken to the operating-room, so that when he returns the bed is thoroughly warm. If he is suffering from shock, the pad may be put over him for a time outside one of the blankets and will add very little more weight, while greatly increasing the heat.

If moist heat is desired, a flannel may be wrung out of hot water, covered with rubber sheeting or oiled muslin, and the electric pad applied over this. This will be found much more comfortable and agreeable for the patient than a flaxseed poultice, as well as being more effectual.

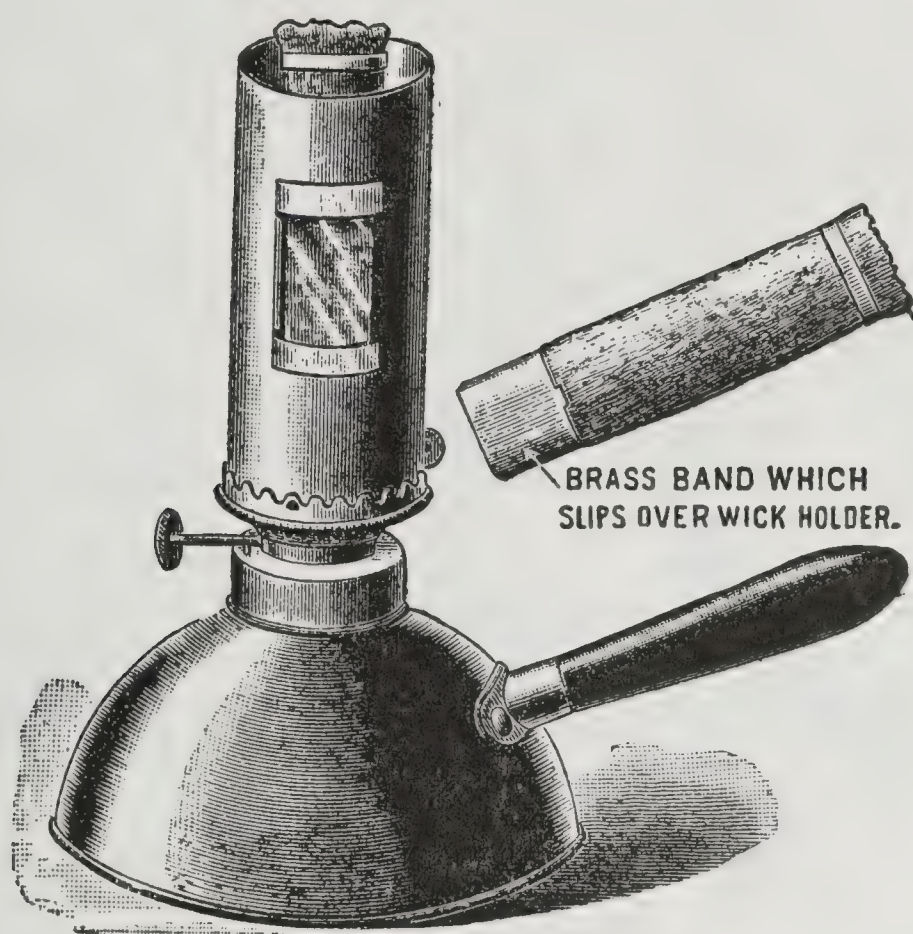
The croup kettle, which used to be such a source of anxiety to the nurse because it must stand over an alcohol or gas flame close to the bed, is now robbed of its danger, for it is kept hot on a small electric stove. Stuping flannels or any hot application can be kept at the desired temperature at the bedside of the patient by means of the same apparatus. An instrument and water sterilizer heated by electricity has been used very successfully in the wards. The blankets and gowns used for the patients in the operating-room are kept in a cupboard which has an electric coil under the shelf so that they may be always warm and ready for use.

A very convenient arrangement for heating towels during an operation has been introduced into the operating-room. The towels, wrung out of sterile water or bichloride solution, are placed in a basin having a perforated bottom. This fits closely over another basin filled with sterile water and the whole stands on an electric stove. The steam passing through the perforations in the upper basin keeps the towels or abdominal pads hot, so that they are always ready when called for by the surgeon.

The electric drop-light has done away entirely with the use of

candles or lanterns in working over the patients at night. It overcomes the danger of setting fire to the bedding, can be so closely shaded that patients in adjoining beds are not disturbed by it, and has been arranged with a trolley running along the ceiling, so that, after it is attached, it can very easily be moved from bed to bed for the entire length of the ward.

Rauschenberg's formaldehyde deodorizer was originally designed for the New York Hospital, and is used constantly as a deodorizer and disinfectant. In the latter case it is useful and convenient, especially



Rauschenberg's Formaldehyde Deodorizer

for small closets and in air-tight instrument- and dressing-cabinets. It does not, of course, generate sufficient gas to disinfect a large area.

The chemistry of the lamp is very simple. The asbestos converter is impregnated with a preparation of platinum which helps to separate the atoms of alcohol. The alcohol as it comes in contact with the hot converter is vaporized and gives up two atoms of its hydrogen, which changes it from methyl alcohol CH_2O to formaldehyde gas CH_2O . The directions are as follows:

“ DIRECTIONS.

“ Fill the lamp about three-quarters full of wood alcohol (methyl alcohol), screw on the burner, and be sure that the cotton-wick, which goes into the lamp, extends above the brass wick-holder about three-eighths of an inch when the wick is turned up full.

"Then turn down the wick and be sure that it goes at least one-eighth of an inch below the top of the brass wick-holder.

"Hold the asbestos converter by the brass band at the bottom and slide it over the brass wick-holder, pressing it down as far as it will go. (Be careful not to take hold of the asbestos, as it will be liable to loosen it from the brass band at its base.)

"Then turn up the wick in the lamp until it meets and presses against the bottom of the asbestos.

"In about one minute the asbestos will have absorbed enough alcohol to be in working order, and as soon as it will burn light it at the base.

"Let it burn until incandescent spots appear on at least half of the converter, then blow out the flame, place the tin chimney in position, turn the mica-covered opening towards the flat side of the wick, and the converter will continue to generate formaldehyde gas while the incandescent spots appear upon it, until the alcohol is consumed or the cotton-wick turned down.

"To stop the generation of gas turn down the cotton-wick holder, which will break contact with the asbestos, stopping the supply of alcohol, and in a few minutes the converter will cease working.

"Be sure always to leave the wick turned down when the lamp is not in use, otherwise the converter will become thoroughly saturated with alcohol, and the results will not be so satisfactory.

"The small guide-bar on the rod, which raises and lowers the cotton-wick, will prevent the wick from being turned down into the lamp, and will also prevent its being turned up too high.

"After the wick is once adjusted, as explained above, the small guide-bar will denote when the wick is up and when it is down to its proper position."

The formaldehyde is irritating to the mucous membranes, but this may be overcome by placing a little menthol on the converter or in the alcohol. A little ammonia sprinkled around removes the excess of gas. In spite of its irritating effect upon the mucous membrane, it is nevertheless very efficacious in cases of coryza.

HYPODERMOCLYSIS AND SALINE INFUSION IN THE PRESBYTERIAN HOSPITAL, NEW YORK*

HYPODERMOCLYSIS and saline infusion are frequently given in the wards of the Presbyterian Hospital, the former somewhat oftener than the latter, principally because it requires less skill, disturbs the patients less, can be repeated with greater frequency, is slower in acting and more lasting in its effects, and is liable to fewer accidents. Infusion is employed almost exclusively in collapse during and after anæsthesia and

* Demonstration given by the Presbyterian Hospital Training-School for Nurses at the Convention of the Society of Superintendents in Pittsburg, October, 1903.

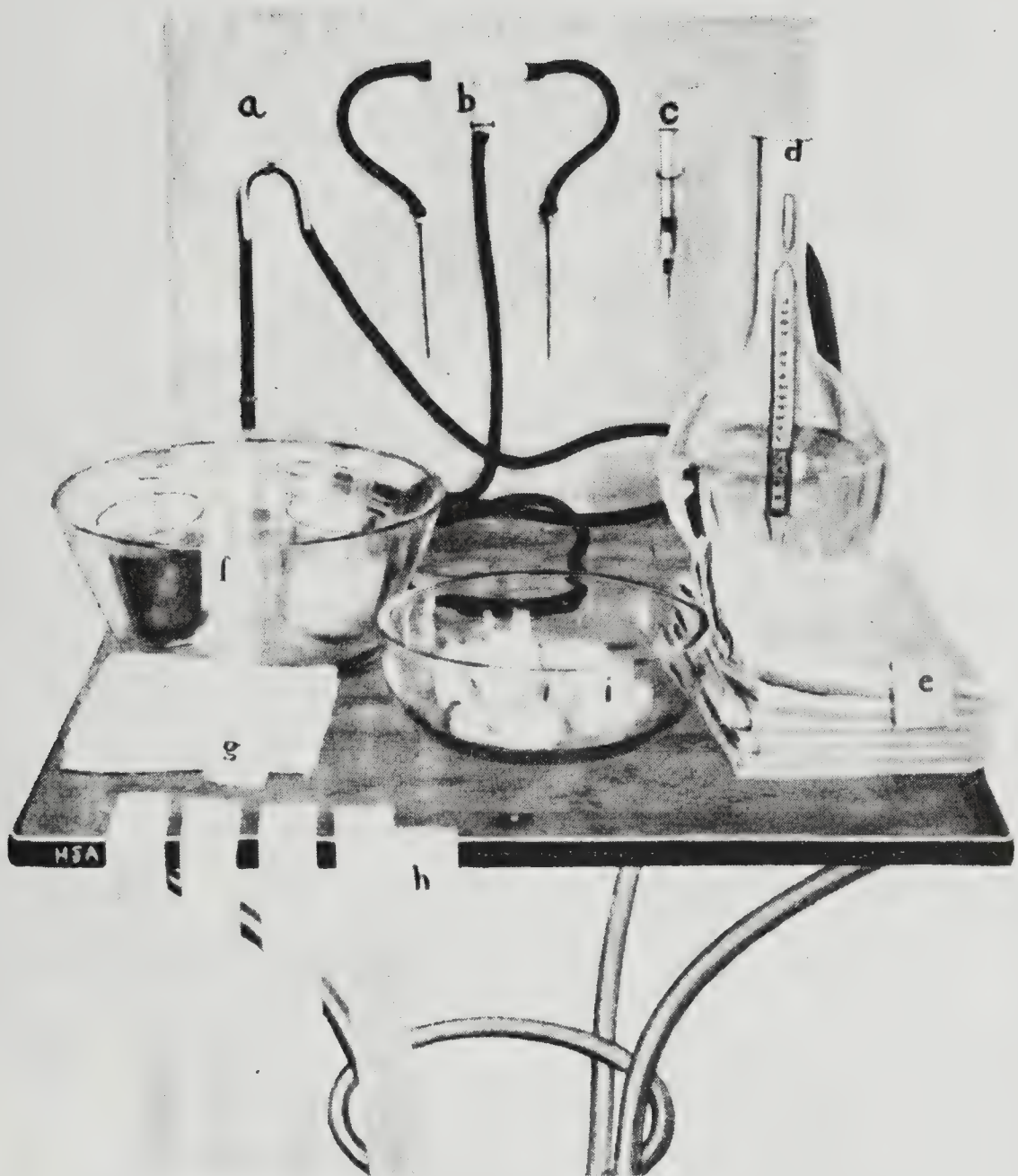


FIG. 1.—APPARATUS NECESSARY FOR HYPODERMOCLYSIS



FIG. 2.—GIVING HYPODERMOCLYSIS AS PREPARED FOR TWO PATIENTS, USING STAND



FIG. 3.—STAND ARRANGED FOR AN INFUSION

gas poisoning, insolation, uræmia, and as a last resort in cardiac disease; while hypodermoclysis is applied to these and to any case of extreme prostration and collapse such as may occur in typhoid fever, pneumonia, etc. It is often repeated at six-hour intervals, and as many as eleven applications have been given to one patient in the course of five days.

The apparatus is constantly in readiness for immediate use. In one sterile package are the rubber tubing, tube-carrier, "T" tube, needles (medium-sized aspiration needles are used), towels, dressings, and thermometer. The salt solution is kept heated to about 120° F. in sterile flasks in especially arranged cabinets with thermometers attached. In sealing the flasks, besides the ordinary plug of sterile cotton in the neck, sterile gauze is placed over the mouth of the flask and carried three inches down the neck on the outside to keep it from contact with the hands and non-sterile objects. The "scrub-up" tray, a sterile glass dish with four small glasses containing respectively green soap, ether, alcohol, and bichloride and several sterile gauze sponges, is prepared in each ward. (Fig. 1.)

FIGURE 1.—APPARATUS NECESSARY FOR HYPODERMOCLYSIS.

- a, tube-carrier; nickel-plated fitting over top of d; with six feet rubber tube.
- b, T-shaped glass tube admitting the use of two needles.
- c, hypodermic syringe with two per cent. cocaine.
- d, flask of fifteen hundred cubic centimetres capacity with bath thermometer holding steriline salt solution, nine per cent.
- e, three sterile towels for isolating field of operation.
- f, "scrub-up basin" containing gauze sponger, green soap, ether, alcohol, and bichloride.
- g, sterile dressings.
- h, adhesive strips (not sterile).
- i, basin for holding sponges as used.

The procedure is as follows: A sterile table is prepared with the apparatus as depicted in Figure 1, with the exception of adhesive, and placed at the side of the patient's bed. The physician sterilizes his hands by scrubbing with green soap and water and immersing in 1 in 1000 bichloride. He isolates the region in which the clysis is to be given by spreading sterile towels, and cleans it by scrubbing with green soap followed by ether, alcohol, and bichloride, finally wiping it dry. The region is selected with regard to the looseness of the tissues and the site of the disease, beneath the breast or in the posterior fold of the axilla in abdominal affections, in the flanks midway between free border of ribs and crest of the ilium in thoracic, being usually chosen. However,

the thighs or gluteal region may be used if necessary. The temperature of the water in the flask having been brought down to 116 to 118° by the addition of cold sterile salt solution, the operator inserts the tube-carrier and tube, which has a small piece of glass in the end to act as a plummet, into the flask, and the nurse places it upon the shelf or at top of the bed or upon a high stand.

The tube-carrier consists of a V-shaped piece of metal, nickel-plated, forming a groove in which the rubber tube may rest and not kink or slip out of the flask. In order to start the siphonage the operator strips down the tube as in removing a test meal, thus drawing the solution to the top of the flask. While he cocainizes the places where he intends to insert his needles, the flow is controlled or stopped by the nurse's pinching the tube. Finally the needles are inserted on either side of the body while the solution is flowing. From five hundred to one thousand cubic centimetres and even twelve hundred at times are allowed to flow into the tissues, changing the position of the needles from time to time, without withdrawing them, to prevent overdilatation or slough when a large hypodermoclysis is given into resistant tissues.

When the required amount has been introduced the needles are withdrawn and a sterile compress placed over each needle puncture and retained with adhesive strips.

The apparatus is then taken to pieces, boiled with the exception of the thermometer and the hypodermic syringe, which are disinfected by using carbolic acid, five per cent., and dried,—the needles by repeatedly wiping the wire passed through them with sterile gauze, the tubing by pulling it out and wiping with sterile towels,—then wrapped up ready for another case. (Fig. 2.)

During the summer months many isolation cases are admitted to the hospital, and the need for an apparatus to give clysis and infusion rapidly and to a number of patients simultaneously was met by arranging for double siphonage.

In giving a clysis to two patients a large flask is used fitted with a stopper through which pass two glass outlet tubes and an inlet tube. To each of the outlet tubes is attached a clysis apparatus, without the tube-carrier, however, as the outlet tubes are bent to render this unnecessary. Such a flask is in use in Figure 2, the nurse holding the extra tubes and needles. This arrangement is necessarily used only in rare instances, such as during an insolation epidemic, but it is of considerable utility, and the principle can be extended to giving three or four or even more at the same time.

The stand shown in Figure 2, devised by Miss A. S. Bussell, head nurse of the accident ward, for operating-room use, is made of white

enamelled steel with three shelves. The upper, adjustable in height, holds one large flask or two smaller ones and takes the place of the shelf on the ward beds; the middle shelf holds sterile supplies and takes the place of the sterile table, while the lowest shelf is for non-sterile supplies. The stand is easily moved from place to place, easily cleaned, adjustable, and very convenient.

In the giving of an infusion in the Presbyterian Hospital similar disposition is made of flasks and tubing, sterile and non-sterile materials. The instruments are likewise kept ready, sterile. The sterilization of hands and operating-field is similar, but the saline is introduced, of course, into one of the veins of the arm. Figure 3 shows the stand arranged for an infusion and the physician in the attitude of giving it.

ICE POULTICE

Ice poultices are often preferable to ice-bags for two reasons: because they can be made to fit to any surface of the body and a higher degree of cold can be produced. In cases of tonsillitis or other inflammation of the throat they are to be especially commended. The poultice is made of two-thirds ice, one-third linseed, and a fair amount of salt. The coverings are made by using oiled muslin and adhesive plaster.

There are two envelopes, or bags, one smaller than the other, made of the oiled muslin and cut the desired shape, four pieces in all. The edges of two pieces are carefully bound together (excepting at one end) with adhesive about one inch wide.

The smaller, or inner bag, is then filled with the poultice material and slipped inside the larger, after which the ends are fastened with adhesive plaster and the poultice is complete.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 275)

WE were not sent into this world to spend our days seeking for amusements, but without doubt the intention of the Almighty is that we gladly take hold of the pleasures which stray across our pathway and weave them into the leaves of our life's history, so as to form bright touches of color against the sombre background of our daily lives.

Have you ever heard of "preventive medicines"? There are many varieties, such as fresh air, sunlight, cold water, rest, etc., but one of the most useful and least understood is recreation, or—for it means the same thing—relaxation.

Not only will "all work and no play make Jack a dull boy," but it goes still further, and in time makes Jack's mother a sick woman.

Statistics—those dry revealers of a country's welfare—tell us that our insane asylums draw a large supply of their gruesome inmates from the wives of farmers, who literally lose their minds from the want of exercising them. Their lives are an incessant routine of work,—early to bed, early to rise, with a monotonous day of hard work sandwiched between,—and no social pleasures to lighten the pathway.

I was told this summer by a Western lady of her trying experience out on the prairies. Shortly after their marriage her husband decided to try farming, their location being miles away from any neighbor. In the winter for several weeks the husband was absent, and the wife candidly said the only thing that kept her from going mad in her lonely solitude, with all the work of the ranch on her hands, was the inspiration to dress up in the evenings in her old party gowns and make believe she was entertaining company. She sang, talked, and recited to the kitchen walls, and peopled the lonely farmhouse with the happy memories of bygone pleasures.

Recreation is of as equal importance in the home life as work and rest. Many mothers consider their play hours are over when they reach the shady side of forty, but they were never more mistaken. The woman who is capable of and makes time to share the pleasures, as well as the cares and duties, of her husband and children will never lose her place as queen of the household.

As the cares of life press heavily on our shoulders, a greater need is created for relaxation of mind and body. Do we not all sympathize with that interesting woman, "Mrs. Wiggs of the Cabbage Patch," in her longings to go to the circus "just once," so as to bring a little gleam of pleasure, "like other folks have," into her tired, work-worn heart?

In the every-day home life routine is unavoidable. The same struggle to get up in the morning, same hurry in dressing, same old questions, "What shall we eat? what shall we drink? and wherewithal shall we be clothed?" until the poor, tired home mother looks with envy on the lilies of the field in their happy, care-free existence.

A break must come; let it be the breaking away from work rather than the break-down of health.

Some misguided people in the days of our forefathers thought it downright wicked to steal a few moments from the round of household cares to read the latest book, play with the little ones, talk nonsense with a caller, take a walk for the sake of walking, or, in fact, do any of the hundred and one little, frivolous things that are such breathing-spaces in the whirl of life.

Within the routine of home life dwells eternal beauties if we would only take time to peep at them through the veil of laughter, which in itself is a tonic of supreme importance.

Ill-health and laughter are seldom linked together. Allow yourself to become enthusiastic occasionally, do not be chary of your smiles and laughter, take time to cultivate the social side of your nature, and away will go that pale, listless creature who drags around the house as if the world were resting on her shoulders.

To keep young—every woman's secret desire—one must be cheerful, and to be cheerful one must have recreation.

One of the nicest forms of recreation is entertaining our friends. I don't for a moment advocate big receptions, teas, or dinners, which take days of planning and arrangement, and leave the home mother with but one comfort in her exhausted condition, "Thank goodness, that's over!"

Every family has a circle of friends who are on a sufficiently intimate footing to drop in for lunch or home dinner on a short invitation, accepting it as a compliment to be ushered into the family meal without the fuss of extra preparation.

The home mother especially enjoys such a guest, as she is enabled to devote her thoughts to the pleasant social talk, without an undercurrent of worry in regard to the meal; that is, if she is the right kind of a home mother; one who recognizes the fact that a meal neatly served and well cooked is an everyday necessity to the family, and, therefore, no matter how simple it may be, there is nothing about it to be ashamed of in inviting a guest to partake.

There is another side, however. Many households are conducted in such a slipshod fashion, with the thought uppermost, "anything is good enough for the family," that when an unexpected visitor drops in consternation reigns supreme, and the guest is overwhelmed with apologies.

A foreign writer states that "America is learning at last the benefit of amusements as a means of keeping up the strength of the individual and prolonging the span of life," and every home mother should take this to heart, for she influences the lives of all around her, and through them reaches out to the "stranger outside her gate." Like true charity, a mother's work begins at home, but never stops there; so much the more does she require to grasp all the possibilities, small as well as great, that may tend to enrich her own life.

"Self-reverence, self-knowledge, self-control,—

These three alone lead life to sovereign power."

(To be continued.)

SAINT MARTHA'S HOUSE IN PHILADELPHIA

BY SARAH BROWN WILCOX

The Johns Hopkins Hospital School for Nurses, Class of 1900

SAINT MARTHA'S HOUSE is an anonymously endowed church settlement house opened on All Saints' Day, 1901, in the extreme southern part of Philadelphia, with the Rt. Rev. Ozi W. Whitaker, D.D., Bishop of Pennsylvania, as trustee. The work is supported by voluntary contribution. The object of the house is to educate and elevate the people of the neighborhood, who are mostly American born, and are intelligent, teachable, and appreciative. No charity is given, but all clubs and classes pay dues and contribute a small amount towards the support of the house. A deaconess, Miss Jean W. Colesbury, was placed in charge, and her attractive personality and remarkable success in winning the people of the neighborhood soon drew about her other workers besides the two deaconesses sent to her in the beginning, and added other departments of work, all having the same end in view.

The house itself was originally two small mechanics' houses at the corner of Snyder Avenue and Eighth Street. They were connected, put in repair, and made as attractive and convenient as possible for their future use. The store under the corner house was converted into a good-sized and cosy lecture-room, which is used for meetings of the Boys' Club, the Mothers' Domestic Circle, and the Girls' Club, and for lectures and classes of many kinds. In the mornings, since April, 1902, children from three to five years old fill the kindergarten held here to overflowing. It is also the home of a much-appreciated library, which had one hundred and fifty children subscribers on the day it first opened. The children as well as their parents come here to invest in the Starr Saving Fund, of which we have one of the largest branches in Philadelphia. In the neat kitchen back of the assembly-room the girls' cooking-classes are held, and just outside the door a filtered ice-water fountain supplies pure, cold water to hundreds of passers-by daily. In the second house are reception- and dining-rooms and kitchen. On the upper floors of the houses are the sleeping-rooms for the workers, while over both houses the roof-garden, with its awnings, vines, and bright flowers, forms an attractive landmark and a cool retreat on hot evenings.

In February, 1903, Miss Edith Madeira came to live in the house and began to pay nursing visits to the sick in the neighborhood who were under the care of a physician. At the end of two months she had the salary for a second nurse pledged for six months and enough patients to keep both busy, and the work has gone on steadily increasing until there are few

physicians in the district who have not had at least one patient cared for by the St. Martha's nurses, and there are few streets where their brisk steps and their nursing bag are not familiar sights. At the end of six months twelve hundred and thirty-three nursing visits had been paid to one hundred and fifty-six patients and two hundred dollars and twenty-six cents had been received. The small fee, regulated by the ability of the family to pay (and many families are very poor), preserves the self-respect of the people. We find constant opportunity to teach lessons in hygiene, household economy, cooking, and home nursing to the family as we care for our patients. Our work as teachers has been greatly assisted during the vacation months by weekly lecture on hygiene, given under the management of the Board of Health by prominent doctors. The attendance has been very good and the interest and profit of the people great.

A small loan closet has been started and plans are already being made for classes in bedmaking and simple care of the sick. The widow of one patient, though left with six small children to support, gave money to buy a bed-rest to be loaned to other patients as a memorial to her husband.

The work the nurses are able to do in preventing suffering is of no less importance than the relief which their ministrations bring the sick. Limping children are taken to the hospitals for treatment and braces, contagious cases are often detected before the parents notice that the children are ailing, and the work of the Board of Health is aided by our reporting houses in need of fumigation.

In July the *Philadelphia Press* opened a station for the sale of Pasteurized modified milk for sick babies on the plan of the Straus milk depots in New York. In August Miss Madeira opened one of its sub-stations at St. Martha's House, which already has the largest sales of milk of any sub-station in Philadelphia, and several little lives have been saved by this much-needed blessing to working mothers.

True to our Johns Hopkins training in hydrotherapy, we teach oftener than anything else how both the sick and the well obtain inestimable benefit from the daily cleansing bath and from drinking pure water freely. The St. Martha's nurses' watchword is "cleanliness," that virtue which prepares the way for and is next to Godliness, the end and aim of all true education and elevation.



HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 287)

IX. A DAY'S RATIONS

MRS. ABEL has a little fable in the "Rumford Kitchen Leaflets" which illustrates excellently the relation of knowledge to taste in the matter of food.

King Palate is represented as absolute ruler of a vast kingdom, paying as little heed to law as such kings are prone to do. After years of undisturbed peace enemies were discovered lurking in the kingdom, such as Indigestion, Dyspepsia, and others of their kin. The wise men of the realm tried in vain to drive these imps away. Daily they grew more powerful and more bold, until at length a young man named Knowledge appeared, who was able to hold them in check. Without pretence to the throne, or attempt at usurpation, he gave wise counsel to King Palate. This monarch did not always give heed to the counsel, but whenever he failed to do so the imps became so troublesome that he was forced to ask advice. At last Knowledge was made Prime Minister, and King and Minister, working together, succeeded in subduing the enemies, with a fair prospect of soon driving them from the kingdom altogether.

Now, it is quite true, as the king in the story said, that Knowledge is "always weighing and considering," and has "even been known to change his mind," but we can no longer afford to live without such help. Experimental science, building upon the experience of the ages, is giving us the means of solving many a difficult problem, and is making possible healthier, happier life than was within our reach before.

One of the many perplexing questions in regard to food is the amount necessary to supply our daily needs under different conditions of age, climate, and activity. This amount constitutes what is called a standard dietary. These dietaries are sometimes called experimental, or statistical, according to the method used in formulating them. An experimental dietary is the result of careful observations under determined conditions of the effect of different proportions of food nutrients upon the individual. The statistical dietary is the outcome of the study of the actual ration of large numbers of people.

Each of these has its drawbacks. In the first case it is difficult to decide how far the result is due to individual idiosyncrasy, and a large

number of experiments must be tried before the personal factor can be eliminated. In the second case it is hard to determine whether some variation in the diet might not produce better results. From a careful comparison of dietaries made up in these two ways certain standards have been determined upon. The American standards vary in some important points, notably in the amount of fat used, from those of Europe. Some of these dietaries are given here:

STANDARD DIETARIES.

Voit.

	Proteid, grammes.	Fat, grammes.	Carbohydrate grammes.	Total grammes.	Calories.
Woman at moderate work (German)	92	44	400	536	2425
Man at moderate work (German)	118	56	500	674	3055
Man at hard work (German)	145	100	450	695	3370

Playfair.

Man with moderate exercise (English)	119	51	531	701	3140
Active laborer (English)	156	71	568	795	3630
Hard-worked laborer (English)	185	71	568	824	3750

Atwater.

Woman with light exercise (American)	80	80	300	460	2300
Man with light exercise (American)	100	100	360	560	2815
Man at moderate work (American)	125	125	450	700	3520
Man at hard work (American)	150	150	500	800	4060

There are twenty-eight and thirty-four hundredths grammes (28.34) in one ounce. A man at moderate work requires, therefore, according to the American standard, about four and one-half ounces of proteid, four and one-half ounces of fat, and nearly a pound of carbohydrate daily.

If meat be supplied containing eighteen per cent. of proteid (a fair average), a little more than a pound and a half will be required to furnish the necessary proteid, provided it is all obtained from the meat. Bread contains about nine per cent. of proteid, and it would require three pounds to furnish the same amount yielded by the pound and a half of meat. Nearly two pounds and a half of eggs (13.1 per cent. proteid), or about twenty, would be required to give the same amount of proteid as the pound and a half of meat or the three pounds of bread.

The three pounds of bread would furnish also more than a pound and a half of carbohydrates, a great excess over the required amount.

The meat would vary in fat, but, estimating the per cent. as twenty,

the pound and a half would yield four and eight-tenths ounces (4.8)—more than would be required for the day.

The quantities used of these different foods must be so adjusted that the nutrients will be in approximately the right proportions. The amounts given below include only a few of the most common foods, but they serve to show the method of calculation of the dietary, and to afford a basis of comparison for more elaborate menus. The composition of the various foods is taken from Professor Atwater's tables:

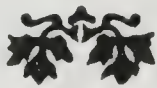
COMPOSITION OF SOME COMMON FOODS.

	Proteid, ounces.	Fat, ounces.	Carbohydrate, ounces.	Calories.
Beef (loin)	18.5	20.2	..	1190
Bread	9.1	1.6	53.3	1225
Potatoes	1.8	.1	14.7	310
Oatmeal	16.1	7.2	67.5	1860
Rice	8.	.3	79.	1630
Milk	3.3	4.	5.	325
Sugar	..	..	100.	1860
Butter	1.	85.	..	3605

Assuming the composition of the food used to be that of the given analyses, the amounts in the following table would yield very nearly the required amount of proteid, carbohydrate, and fat, and the requisite number of calories:

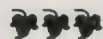
	Proteid, ounces,	Fat, ounces.	Carbohydrates, ounces.	Calories.
Meat, three-fourths pound.....	2.22	2.4	..	918
Bread, one pound.....	1.46	.26	8.52	1225
Potatoes, one pound (two large potatoes) ..	.31	.01	2.35	310
Oatmeal, one ounce.....	.16	.07	.68	116
Rice, two ounces.....	.16	..	1.58	204
Milk, one-half pound (one cup).....	.26	.32	.4	163
Sugar, two and one-half ounces.....	..	..	2.5	290
Butter, one and one-half ounces.....	.01	1.28	..	338
Totals	4.58	4.34	16.03	3564

(To be continued.)



BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



HAPPINESS. ESSAYS ON THE MEANING OF LIFE. By Carl Hilty. The Macmillan Co., New York.

Among the books of the year worth reading—although, alas for popular taste! we do not find it in the list with those that have had phenomenal sales—is Professor Carl Hilty's "Happiness," translated into English by Francis Peabody, professor of Christian morals, Harvard University.

Mr. Peabody in his preface commends the book to those who are perplexed to know what to make of the facts of life, and to those who demand an interpretation of the conditions existing in the world, where "the art of life is lost in the pace of living." He apologizes for liberties which he found necessary to take in translation—"sifting of phrases" and "rupture of German sentences." To the reader the apology seems quite unnecessary, for all through the book one has the feeling of listening to the very utterance of the author, and the usual sense of loss due to translation is, happily, quite wanting. The essays, seven in all, might well be taken for a rule of life. If it seems a long rule,—a hundred and forty-nine pages,—read it and see what you may dare to leave out. If you really desire happiness, you must honestly accept the entire formula.

Mr. Peabody says of the essays, "They are the 'Meditations' of Marcus Aurelius, told in the language of modern life; the 'Imitation of Christ,' expressed with the academic reserve of a modern gentleman." After you have read them you feel that Mr. Peabody was over moderate in his praise. The first essay, on the "Art of Work," makes short work of our various excuses for not doing more and better work, and confronts us with the accusation of laziness, which the author declares is the original sin. He does not leave us without the remedy, and after a glance at his own production we conclude that he knows practically whereof he speaks.

"Life is not given man to enjoy, but, so far as may be, to use effectively. One who does not recognize this has already lost his spiritual health. Indeed, it is not possible for him to retain even his physical health as he might under conditions of natural activity and reasonable ways of living."

In the second essay, "How to Fight the Battle of Life," he quotes largely from the Russian General von Klinger, and as in the first essay we are told that we cannot attain to the blessedness of rest without first honestly working until we know fatigue, so this second one introduces a paradox: he who "would overcome the world, must give up thinking of what people call happiness, and must with all his might, without indirectness, or fear, or self-seeking, simply do his duty." "'Most men of principle need not succeed. Success is necessary only to schemers.' Real success in life, then, the attainment of the highest human perfection and of true and fruitful activity, necessarily and repeatedly involves outward failure."

The third essay, "Good Habits," insists on the necessity of positive action rather than negative, as acquiring fearlessness rather than conquering cowardice,

etc. "It is much easier in the inner life, as in the outer, to attack positively than to repel defensively." And "at any cost, and even for the sake of one's own soul, one must make it his habit to cultivate love for others, not first of all inquiring whether they deserve that love or not—a question which is often too hard to answer." "One who loves is always, though unconsciously, wiser than one who does not."

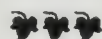
The essay on the "Art of Saving Time" is very practical. "The best way of all to have time is to have the habit of regular work, not to work by fits and starts, but in the definite hours of the day,—though not of the night,—and to work six days in the week, not five and not seven. To turn night into day or Sunday into a workday is the best way to have neither time nor capacity for work." "The true spirit of work, which has no time for the superfluities, but time enough for what is right and true, grows best in the soil of that philosophy which sees one's work extending into the infinite world, and one's life on earth as but one part of life itself. Then one gets strength to do his highest tasks, and patience among the grave difficulties and hinderances which confront him both within himself and in the times in which he lives."

In the sixth essay, "Happiness," while warning us against that pessimism that bids us believe that everything and everyone, ourselves included, are bad, he yet in the most uncompromising manner shows us that those things which we consider good will not bring us happiness. All the wealth in the world, if it were ours, could we not share it with our brother, could not and ought not make us happy while he lacked part of it. Virtue fails, for "virtue in its completeness dwells in no human heart." Duty? "If one of my readers says to me, 'I am the man who has thus done his duty,'—well, he may be quite right, but I do not care for that man's nearer acquaintance." Philanthropy? He bids us remember how the Apostle says that it is possible to speak with the tongues of angels, to give all one's goods to feed the poor, and even one's body to be burned, and yet not have love. Work? He notes that the greatest concern of working people is to shorten the hours of work—which, of course, they would not do if work bring happiness. "The first and most essential condition of true happiness, I answer, is a firm faith in the moral order of the world. If one lack this, if it be held that the world is governed by chance or by those changeless laws of nature which in their dealings with the weak are merciless, or if, finally, one imagine the world controlled by the cunning and power of man, then there is no hope for personal happiness. In such an order of the world there is nothing left for the individual but to rule or to be ruled—to be either the anvil or the hammer; and it is hard to say which of the two would be to an honorable man the more unworthy lot." To faith in the moral order of the world he adds work done in the same faith, and, finally, *suffering*. "That word of the Apostle Paul, 'We glory in tribulations,' is, like many of his sayings, absolutely unintelligible to anyone who has not experienced what renewal of power may be discovered through misfortune itself. It is a form of happiness which one never forgets if he has once really experienced it."

The seventh essay, "The Meaning of Life," I leave, as I do the fourth, without comment of mine, feeling sure you will not skip either one. The whole book is uplifting, quieting, and steadying. It should have many readers among nurses and is certain to prove acceptable for reading aloud. No one essay is long enough to be tiring, and it is very sure to be just the stimulation and encouragement needed by those who shrink from taking up the battle of life again after a long and exhausting illness.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



FOOD AS A REMEDY.—The *National Hospital Record* says: “The first place in which all the best scientific knowledge of food as a remedial agent should be applied is in the hospital kitchen. The hospital kitchen of the future will rival the operating-room in cleanliness and convenience when it is clearly recognized that the skill of the physician or surgeon is of but little avail if the diseased and inflamed tissue cannot be replaced by normal conditions. Nothing but food can furnish the blood-current with the substances from which the cells may choose those essential to them. However fully he may be sustained for a time by the products of the chemist, it is of the utmost importance to the final recovery of the patient that he desire natural food in sufficient quantity to regain his strength. The neglect of the heart of the whole hospital, the kitchen, is hard to understand until we realize that this same neglect permeates the community in regard to individual homes, and that the medical schools treat of food only in relation to disease, and not in relation to healthful living.”

COFFEE-DRINKING.—The *Lancet* in a paper on this subject contains a useful suggestion to nurses: “The excessive drinking of coffee is in any case an evil. But it is often forgotten that coffee can be taken in other ways, and in none better than in the form of jelly. A clear coffee jelly after dinner is every bit as good as the hot infusion, while it is free from some of the drawbacks of the latter. Coffee, unlike alcohol, diminishes organic waste, rouses the muscular energy without the collapse which follows alcoholic inhibition, and gelatin in the form of jelly is cooling, assuages thirst, is soothing, and has a tendency to absorb any excessive acidity of the stomach. Gelatin is what is known as a ‘proteid sparer’—that is, it saves the destruction of proteid, such as albumin. Having regard to these facts, therefore, coffee jelly should form a very suitable sequel to dinner and an excellent substitute for the infusion. Moreover, the astringent principles of coffee, which, however, are different in kind and degree from those present in tea, are nullified by the gelatin. In short, gelatin is an excellent vehicle for coffee, but, as is necessary in making the infusion, the quantity of coffee in the jelly should not be stinted. Coffee serves an admirable purpose in dietetics, and those with whom it disagrees when taken in the form of a hot infusion will very probably find the jelly quite satisfactory.”

THE LAW OF LOVE IN PRACTICE.—Dr. Osler in an address to medical students at Toronto spoke some words that may well be laid to heart by nurses: “And the third great lesson you may learn is the hardest of all—that the law of the higher life is only fulfilled by love or charity. Many a physician whose daily work is a daily round of beneficence will say hard things and will think hard thoughts of a colleague. No sin will so easily beset you as uncharitable-

ness towards your brother practitioner. So strong is the personal element in the practice of medicine, and so many are wagging tongues in every parish, that evil-speaking, lying, and slandering find a shining mark in the lapses and mistakes which are inevitable in our work. There is no reason for discord and disagreement, and the only way to avoid trouble is to have two plain rules: From the day you begin practice never, under any circumstances, listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think. Far from it; there is no harder battle to fight. Theoretically, there seems to be no difficulty, but when the concrete wound is rankling, and after Mrs. Jones has rubbed in the cayenne pepper by declaring that Dr. J. told her in confidence of your shocking bungling, your attitude of mind is that you would rather see him in purgatory than make advances towards reconciliation. Wait until the day of your trial comes, and then remember my words."

THE HIGHER PRELIMINARY EDUCATION OF MEDICAL STUDENTS.—In connection with the movement for the better education of nurses the following paragraph from the *New York Medical Journal* is of interest: "A casual consideration of the theory of ions in chemistry, essentially electrical in its nature, shows that that science in the future will demand on the part of the student a knowledge of the higher mathematics. The old 'algebra, as far as quadratic equations,' will no longer serve his needs, and he must learn the theory of infinitesimals, a genuine knowledge of which requires a rather high quality of mind. Evolution will eventually dispose of the question of the overcrowding of the medical profession."

A NEW METHOD OF ADMINISTERING OILS.—The *Medical Record*, quoting from a French contemporary, says: "H. Boissel remarks that the facility with which castor-oil can be given in frothing beer is well known to all practitioners. It is, however, not always easy nor advisable to give beer, therefore he has devised a frothing mixture which serves the same purpose. It is in the form of a powder, composed of gum arabic, licorice, and lactose flavored with vanilla. A pinch of this powder, shaken with a little water, produces a very persistent froth, in which any oily substance, as cod-liver oil, castor-oil, iodized or phosphorated oil, can be given, and medicines lighter than the mixture, such as the silicate of methyl, essence of santal, etc., can be given, without the slightest unpleasant taste."—*Gazette Hebdomadaire des Sciences Médicales*.

CHLORIDE OF LIME IN PUERPERAL INFECTION.—A. Ethier reports the successful use of this substance in a uterine douche in a case of puerperal infection. One hundred grammes of the chloride of lime were dissolved in twelve hundred grammes of boiled water and filtered. A glassful of the fluid was mixed in nine glassfuls of hot boiled water and injected very slowly. He has also used it in cases of simple metritis with a viscid, glairy discharge. It liquefies the viscosities, is non-irritating, causes no pain, and is not poisonous, like bichloride. In cases of ulcerated and inoperable neoplasms of the vagina with fetid discharge it causes rapid deodorization. It must not be used in a vagina which has recently been treated by the carbide of calcium without carefully removing all traces of this salt, otherwise the two substances will ignite and explode. Calcium chlo-

ride is also indicated in suppurating wounds with no tendency to heal and in abscess of the breast.—*La Revue Médicale du Canada*.

A CASE OF LINSEED POISONING.—A case of poisoning from linseed is reported in the *Lancet* of a robust male adult who applied a hot linseed poultice to an inflamed hemorrhoid. Four hours later he began to have unusual sensations in the throat and on the skin, a reddish-purple hue of the latter, deafness, impairment of vision, diarrhœa, and vomiting. Two hours after the commencement of symptoms he was first seen by the author and was in a state of collapse with quick and feeble pulse, a feeling of nausea, and cyanosed face and extremities. His respiration was quiet and the diarrhœa had ceased, but he had a marked condition of cutis anserina. He lay curled up on his side in bed and was very prostrate; he at once told me that he had been poisoned by linseed as recognized from his previous experiences. He was given an ounce of brandy in hot water, and hot bottles were placed to his feet and body; he passed a good night and on the next day was in normal health again. According to the author, the symptoms were due to one of the elements of the oil of linseed—viz., glyceride of linoleic acid. The patient had been previously twice poisoned by eating a few linseeds.

TREATMENT OF NEPHRITIS WITH ICE.—The *Journal of the American Medical Association*, quoting from a German contemporary, says: "Stembo has treated twenty patients with acute nephritis by application of ice-bags to both kidneys, held in place with a bandage. After two or three hours he removes the ice for an hour and then replaces it, keeping up this treatment until the albuminuria has entirely vanished. This ice-treatment is especially useful in sudden, acute cases of nephritis and in the acute exacerbations of a chronic affection."

INFLUENCE OF LACTATION ON CONCEPTION.—The *Journal of the American Medical Association* quotes from a German contemporary as follows: "Weinberg states that conception occurred during the first six months after childbirth in only twelve per one thousand of five hundred and thirteen non-menstruating women who were nursing their children. The proportion rose to five hundred and ninety-five per one thousand in six hundred and fifteen women who were not nursing children. The influence of lactation on conception is thus confirmed."

RUBBER AND LINEN GLOVES.—A German surgical journal recommends the use of linen gloves drawn over a pair of rubber gloves during an operation. The instruments do not slip as easily on the linen and do not puncture it, while the rubber beneath prevents the escape of germs from the skin.

STERILITY AND THE X-RAY.—The *Journal of the American Medical Association* says that a German exchange reports experiments on animals showing that treating them with X-rays produces in them a marked inability to reproduce, whether transient or permanent is yet to be determined, and this without any decided interference with the general state of health. This is caused by the killing of the spermatozoa. He experimented effectually on five rabbits and six guinea-pigs under a prolonged exposure of from six to eight hours.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE last of the contracts in connection with building the State consumption hospital in the Adirondacks has been let. It is now expected that enough of the institution will be finished by early spring to accommodate fifty patients. In fact, the trustees hope to be able to show a committee of the Legislature the practical workings of the hospital before the coming Legislature adjourns. The complete institution will be ready by early summer. The trustees have so planned things that it will take care of one hundred and fifty patients instead of one hundred. This additional number of cases will not involve any additional building expenses. The trustees have kept the expense of building within the appropriation made by the New York Legislature.

THE National Hospital for Insane Indians, at Canton, S. D., has finished its first year. At the beginning it had thirty-four patients, half of its capacity. In a few months it was filled. According to Superintendent Gifford the number of insane Indians is constantly increasing, the chief cause being despondency. Lack of active occupation, hunting and the like, is the chief cause of this.

PLANS have been completed for a new Eye and Ear Infirmary in Newark, N. J., which will be erected on Central Avenue, near Washington Street, at a cost of sixty thousand dollars.

A CHILDREN'S DEPARTMENT has been established by the Provident Hospital in Chicago. The little patients will be cared for by the colored nurses which that institution is training.

THE Oskaloosa (Ia.) Hospital board is planning a regular campaign for raising the necessary amount to erect and equip an up-to-date hospital.

EARL CLINTON, proprietor of the Standard Hotel, at Butler, Pa., has turned the house into an emergency hospital for the use of fever sufferers.

THE Emergency Hospital, Salem, Mass., is planning to establish a branch in Beverly.

LOWELL, Mass., is moving for a contagious hospital.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

THE will of the late Peter B. Brigham, of Boston, Mass., was sustained by a decision handed down by Justice Lebanon B. Colt in the United States Circuit Court on December 30, and the five million dollars involved will go to the Brigham Hospital. Suit was brought by the heir at law to have the gift for a hospital declared void, as in violation of the rules against perpetuities and on other grounds. Judge Colt decided against the plaintiff on all grounds.

THE Managing Board of the Milford Hospital received a letter from the Draper Company pledging the sum of five hundred dollars a year for five years

towards the expenses of hospital maintenance. The offer was accepted with thanks. The board also voted its thanks to Mrs. George Albert Draper for the fine X-ray machine recently installed at the hospital at an expense of nine hundred dollars. It was her individual gift.

ABRAHAM ABRAHAM announces a mysterious donation of twenty-five thousand dollars to the Jewish Hospital, Classon and St. Mark's Avenues and Prospect Place, under the condition that a similar amount be raised from other sources. Mr. Abraham is under suspicion as being himself the donor, a surmise which he will neither confirm nor deny.

MRS. T. W. SYKES, of North Adams, Mass., has arranged to have every street in Williamstown canvassed for the benefit of the North Adams Hospital. Small envelopes will be distributed into which each one may put his gift, and in a few days they will be collected. Williamstown enjoys the convenience of the hospital, and it is hoped that everyone will respond as generously as possible.

ACCORDING to the will of the late Mrs. Mary D. Converse, of Malden, Mass., the Malden Hospital receives two thousand five hundred dollars, the Charity Club Hospital of Roxbury, Mass., two thousand dollars, with other bequests to charity.

THE King's Daughters are conducting a bazaar for the purpose of erecting a hospital of their own at Charleston, S. C. Contributions have been received for the bazaar from many places in the State where there are circles of the order.

AMONG other charitable bequests in the will of the late Joseph Stickney, of New York, are five thousand dollars each to the Wilkes-Barre (Pa.) City Hospital and the Margaret Pillsbury General Hospital, Concord, N. H.

JAMES STOTT and Mrs. C. B. Hackley, wealthy residents of Tarrytown, N. Y., have each contributed five thousand dollars to the Emergency Hospital of Carbondale, Pa.

THE treasurer of the Brockville (Ont.) General Hospital has much pleasure in acknowledging fifty dollars from Dr. Judson, of Lyn.

BY the will of the late Anna J. Stokes Cooper Hospital, Camden, N. J., gets six thousand dollars for a free bed.

TRAINING-SCHOOL NOTES

THE fiftieth anniversary of the organization of the New York Infirmary for Women and Children by Dr. Elizabeth Blackwell was held at the Waldorff on the evening of January 16. A number of the distinguished pioneer women in medicine were present. From the anniversary leaflet we quote a few paragraphs of special interest to our readers who are interested in the history of nursing:

"Dr. Blackwell while in England had become a warm friend of Miss Nightingale, and was profoundly interested in the training of nurses, and with the very beginning of the hospital department an effort was made to establish a training-school.

"In the second year of hospital work (1858) we find noted that 'the small number of beds has limited the number of nurses sent out after a three-months'

course to three; but as the number of beds is increased it is hoped to enlarge the class and organize a regular course of instruction for them.'

"In the next annual report we find that 'ten nurses have been sent out from the infirmary, most of whom have settled in New York and are well employed.' . . . 'Not more than one-third of the applicants have been admitted, either from failure to bring the necessary testimonials or unwillingness to enter for the three months, the shortest period for which pupil nurses are received.'

"Two years later we find that 'the course ordinarily pursued for training nurses has been modified to suit the requirements of the season,' for the war had begun, and wounded soldiers needed care.

"'Early in May, 1861, a meeting of the managers of the institution was called to consider how the class might be enlarged to meet the demand that would now exist for nurses.' One of the trustees put a little notice of the meeting in the *Times*, and the infirmary parlor was crowded to overflowing. It was there that the committee was organized to call the meeting at Cooper Union, where the 'Woman's Central Relief Association' (merged later in the Sanitary Commission) was formed. The Registration Committee of the association, to which everything relating to nurses was referred, included the Executive Committee of the infirmary, and Dr. Elizabeth Blackwell was the chairman. The New York Hospital and Bellevue opened their wards to give the nurses a month's training, and a course of lectures was delivered to them in the parlors of the infirmary, eminent physicians coöperating with Dr. Blackwell. It was always the desire of the Blackwells to supplement and not to repeat; and when the great movement for establishing training-schools for nurses passed into the hands of the larger hospitals, the infirmary, coöperating with the New York Hospital, gave its nurses instruction in obstetrics. It was not until the size of the infirmary made a general course possible that it established its own school.

"When a friend said to Dr. Blackwell, 'It makes me indignant that thee has not received more credit for what thee accomplished for the training of nurses,' Dr. Blackwell turned on her and said, 'Does thee suppose I care for the credit, so the work is done.' This has been the attitude from the very start of both sisters."

THE "Circular of Information" of the Johns Hopkins Training-School for 1903-04 shows another step towards placing that school on a university basis. Under "Tuition and Expenses" is the following:

"*Entrance Fee.*—An entrance fee of fifty dollars is required from all students to cover the additional cost of preparatory instruction. No other charges are made for tuition. Pupils receive board, lodging, and a reasonable amount of laundry work from date of entrance. During the period of probation they provide their own dresses, but when accepted as pupils, nurses are required, when on duty, to wear the uniform supplied by this hospital. Pupils are also provided with text-books, stationery, etc. Their other expenses, therefore, during the course of training and instruction will depend entirely upon the habits and tastes of the individual."

This school issues eight scholarships, four for each class, of the value of one hundred dollars each. These scholarships are awarded in the month of June of each year "by the authorities of the hospital, at their discretion, to such members of the Junior and Intermediate Classes as have shown exceptional merit and are in need of pecuniary assistance to enable them to continue their studies.

"A single scholarship of the value of four hundred and eighty dollars has been established, to be awarded at the graduating exercises at the close of the third year to the student whose work has been of the highest excellence and who desires to pursue post-graduate study and special work in the school."

The school also requires a deposit of ten dollars for what is known as "caution money" "from each student at the time of enrollment to cover the charges for possible breakage and damage to hospital appliances. If there are no charges against the student, the money will be repaid to her when she leaves the school."

This is an especially practical way of dealing with that great problem of American heedlessness, and might be adopted with advantage in all training-schools.

ANOTHER SCHOOL OF PHILANTHROPY.—The University Extension of Chicago has established a course of instruction for practical training in philanthropic and social work under the direction of Professor Graham Taylor. This course began in January with a series of lectures in the Fine Arts Building, 202 Michigan Avenue. The course includes practically the same line of instruction as that given in New York. Among the lecturers and instructors we find the names of Miss Julia C. Lathrop, of Hull House; Miss Harriet Fulmer, of the Visiting Nurses' Association; Miss Mary E. McDowell, of the University of Chicago Settlement, and last, but most important, Miss Jane Adams, of Hull House.

The registration fee for the entire session is eight dollars, and a limited number of students may find temporary residence at the Social Settlements in Chicago. Inquiries should be addressed to Mr. Walter A. Payne, Extension Division, University of Chicago.

MISS M. A. GREER, graduate and one time clinic nurse at Buffalo General Hospital, has been appointed superintendent of nurses of White Hospital, Ravenna, O. The new hospital just completed is a model one in many respects, and with a three-years' course, eight-hour system, and superior surgical advantages under direction of Dr. Crile, of Cleveland, certainly the hospital and its nurses have a very bright future.

THE Board of Visitors to the Government Hospital for the Insane, Washington, D. C., in its annual report, just issued, remarked that the Training-School for Nurses had done much in raising the standard of hospital employes.

MISS VANCOUR, graduate of the Galt Hospital, Galt, Ont., and who has been in charge of the Isolation Hospital there, has accepted a position as superintendent of the new General Hospital at Prince Albert, Saskatchewan.

A TRAINING-SCHOOL for nurses has been established in the hospital at Old Town, Me. The school starts with a class of ten young women.

DISTRICT NURSING is doing its good work in Minneapolis. Miss Jeamme has been allowed another nurse to assist her.

PERSONAL

MISS MARY M. RIDDLE, for seventeen years connected with the Boston City Hospital in the capacities of pupil, assistant superintendent of nurses, matron of the Convalescents' Home, superintendent of nurses, and matron of South Department, has resigned to accept the position made vacant by the resignation of Miss McDowell at the Newton Hospital, Newton Lower Falls, Mass. Miss Riddle will assume her new duties March 1, 1904.

THE statement made in this column last month that Miss L. M. Wygant had accepted the position of assistant superintendent of the Western Pennsylvania Hospital of Pittsburg we find was incorrect. That position has been filled by Miss Margaret Mackenzie, of the General Memorial Hospital, New York. Miss Wygant acted as night superintendent for a short period.

MISS MARGUERITE CLENDENNING, of the Toronto General Hospital Training-School for Nurses, Class of 1890, has resigned her position as superintendent of the City Hospital, Vancouver, B. C. Miss Clendenning has held the position for over five years and been most successful. She is to be married to Dr. Haw, of Vancouver.

MISS ZOLA A. BAILEY, graduate of the Training-School for Nurses of the University of Michigan, has been appointed superintendent of nurses of the California Hospital, Los Angeles, Cal., Miss H. F. Woods having resigned. Miss Bailey has been the assistant superintendent of the same institution.

MRS. A. E. BOLTON, Miss K. Besiegel, and Mrs. M. A. Moore gave an "At Home" at the residence of Mrs. Irish, 152 West Sixty-fifth Street, New York, to their nurse friends on Wednesday, January 13. In spite of very bad weather, quite a number attended and spent a very enjoyable time.

MISS IDA SHARP, of the Toronto General Hospital School for Nurses, Class of 1893, has accepted a position as head nurse of the private wards of the Western Pennsylvania Hospital, Pittsburg, Pa.

MISS ORPHA C. FEATHERSTONE, who has served as night supervising nurse at the Western Pennsylvania Hospital, has resigned and accepted a position in the City Hospital at St. Albans, Vt.

MISS ISABEL TURNER, a graduate of the Toronto General Hospital School for Nurses, Class of 1892, has been appointed to the position of superintendent of the City Hospital, Vancouver, B. C.

MISS VALERIE HULL, a graduate from the City Hospital Training-School of Minneapolis, departed on December 7, 1903, for Kalispell, Mont., to take charge of the Kalispell Hospital.

MISS LOUISE A. FERBER has resigned her position as assistant directress of nurses at the Western Pennsylvania Hospital, and will rest for some time before taking another position.

MISS LOUISE BURDETTE has resigned her position as superintendent of the Training-School of the Lying-in Hospital, New York City.

MISS MARGARET STEWART has resigned her position as superintendent of nurses at the New York Eye and Ear Infirmary.

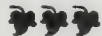


THE GUILD OF ST. BARNABAS

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DR. INGALLS'S PAPER

(Continued from page 303)

IN the thirty-five years that the training of nurses has been going on in this country we have seen many things accomplished which have added much to the importance of the profession and to the standard of the work, and I think it is now on a good, substantial working basis and is bound to make a safe, sure, and steady progress.

The greater care taken by superintendents of training-schools in the selection of their entrants, the care paid to their physical as well as their moral and intellectual fitness for the work, the longer and more thorough training, have all combined to place before the people of our country a high grade of professional women which is improving steadily as the years go on.

We are bringing together every year in the various schools of our country thousands of young women from all parts of this continent. We are trying by the most judicious methods of selection to enroll only those who show a physical, moral, and intellectual fitness to take up the work. As teachers we try to make them most thoroughly conversant with the theory of sickness and disease and the most modern methods of combating them. In the operating-rooms and wards of our hospitals we are trying to give them practical instruction and experience in carrying out the ideas promulgated in the class- and lecture-room. In short, for three years our constant effort is to prepare them for their life-work and to develop in them a knowledge of their profession, skill in the execution of their work, stability of character to enable them to handle their patients with judgment, so that when they leave the restraining and watchful care of the institution which is responsible for their entrance to the profession of nursing they may reflect credit on their Alma Mater and go forth into the world with a self-reliance and a purpose to do the most good they can, in the best way they can; to minister to their patients in such a way that the pain and agonies of disease will be softened, the sufferings of the invalid be lessened, the gloomy atmosphere of the sickroom brightened by their presence, with a consciousness on their part of a duty well done.

Can't you help us? Remember that we are busy people. Remember that we devote ourselves to a new class each year. Remember that in our desire to make these young women come up to the high standard we establish professionally we may not see that other side of their life. We may not realize what it means to them to be among strangers. We may not notice that the restraint and constant urging on to good, practical work is making them feel a trifle discouraged. They may have their private trials and crosses to bear. There may be days when the goal looks too far away and the road too rugged for them ever to reach the end. Can't you get near them? Can't you give them words of encouragement? Can't you help them cultivate that mutual feeling of love and sympathy with each other which will help the timid and weak and will go far

to tide them over the crisis when everything looks dark and discouraging to them and the realization of their ambitions seems so very distant?

I ask you, women who have served your time in the training-school and are, so many of you, well along in the profession, to be a help to the young nurse.

I ask you, men of the church, if there is not a field for your kindly advice and assistance in many ways to give these young women help over the hardest part of their career.

I ask you, laywomen of the guild, if there is not a golden opportunity for you to help those of your sex who are just starting out on their life's career.

These young women you well know are people of strong minds as a rule, and have not undertaken to enter upon this work without mature deliberation and a firm determination to carry it through at whatever cost. This very spirit of determination, the very fact of that stubborn purpose to persevere, may make them very difficult to approach. It may be they will be misunderstood, and it occurs to me that a very large field for useful work for your noble society is to get beneath that outer shell of reserve which that same determination causes them to put on, and beneath which many suffer in silence, and, gaining their confidence and love, it should be no difficult task by judicious advice to get them to look upon their work in the right spirit, and mutually help each other to make their burdens lighter.

Just how this may be best accomplished I cannot tell you. Those of you who have had experience in the administration of charities know how very difficult it is to help the honest poor and needy without making them feel their poverty and dependence, and how very hard it sometimes is to make these people own up to the true state of affairs.

The problem of doing the right thing and not overdoing it, as far as these young women are concerned, presents as many and as difficult possibilities.

There is danger of well-meant attention being misconstrued into offensive patronage, and I think there is great danger of carrying the social entertainment too far, as too much of that element is not certainly desirable.

The religious aspect of the guild might be made too much of and carried to an extent which might make it seem the too prominent feature, yet with judicious administration it can be of the greatest possible moral help and support.

The judicious blending together of the various elements, the making the work of the guild interesting, instructive, beneficial in all its parts, the bringing of these young women under all the best influences it is possible for such a society to exert, and with it all developing the practical usefulness of the society for the good of their profession in its present needs and looking forward to the possible demands of the future, ought to appeal to them and ought to make it an easy matter for St. Barnabas Guild to do much for the general good of the whole body.

Having, then, made the young nurse interested in the organization and its work, showing to her the help possible to be obtained, and making her feel the benefits of association with the members of the society, you will have enlisted as efficient coworkers these young women early in their career, and they will then be enthusiastic workers in the general cause, and the mutual interest of all in the organization will be of the greatest benefit in carrying out the other and more mature projects which are bound to arise for your consideration.

There are many other things which can be accomplished by an organization whose membership is made up of such splendid material as is your society and is endorsed and aided by the strong arm of the church, and they will easily be

worked out as the organization grows and its various purposes receive detailed attention. I have only tried to carry one thought for your attention—that is, what you can do for the young nurse. I sincerely trust that I have not overstepped my privilege in venturing to offer anything in the nature of advice. My only excuse can be that as a teacher of nurses—and a surgeon dependent upon them for satisfactory work—I am greatly interested in everything which will help to take into the ranks of their profession women of the right sort, whose work shall be carried on in the proper spirit, whose minds shall be trained to have the proper realization of their obligations to their patient, their doctor, and themselves, and thus elevate the standard and increase the usefulness of the trained nurse.

ORANGE, N. J.—The year of 1903 was fittingly closed by a meeting which was held on December 31 at St. Mark's Church, West Orange. Two members were admitted and an address was made by the Rev. F. Reazor, rector of the parish. A short business meeting followed, at which it was voted to donate a bed, completely furnished, to the orthopædic ward in connection with the Nurses' Settlement work. A suitable panel will mark the gift as from the "Orange Branch of the Guild of St. Barnabas." The bed-linen and blankets had already occupied the attention of the largely attended sewing meeting held December 10 at 1 Evergreen Place, and had been finished and marked in red lettering by those present that day. A delightful reception and tea followed the business meeting in the Parish-House, and many were the hearty wishes for a "Happy New Year" before the members parted to meet no more that year. The next sewing meeting will be devoted to making garments for the Fresh-Air Home, many children coming down very scantily supplied with necessary clothing. These will only be loaned, and thus extend their usefulness from one week to another. We take great pleasure in recording the marriage on December 30 of a priest associate and former curate of Grace Church, Orange, the Rev. Oscar F. Moore, to Miss K. J. Bayles, daughter of an associate, who has done such signal service as secretary to the Sick Relief Fund since its inauguration. Mr. Moore now occupies a position as master and chaplain in the school at Cheshire, Conn. Miss Edith Tye was married on December 29, at South Orange, to Mr. I. Osborne, librarian in Rutgers College. We learn with pleasure that the branch will have the honor of meeting the bishop of the diocese, Rev. Dr. E. Lines, for long years the chaplain of the New Haven Branch, at a guild reception given by Miss M. H. Pierson at her residence, 13 Hillyer Street, Orange, January 14, 1904.

BOSTON BRANCH.—A most enjoyable Christmas-tree was held at St. Stephen's Church on the evening of December 30. The service was rendered more enjoyable by the presence of the vested choir, and the church was a delightful spectacle with its Christmas greens and the scarlet of the poinsettias against the white marble of the altar. The sermon, by the Rev. Mr. Fitts, was on the text, "But Mary kept all these things and pondered them in her heart." The Christmas-tree itself in the school-room was large and lovely, most beautifully ornamented, and gay with candles. To the surprise of all, Santa Claus rushed into the room bearing a large clothes-basket full of presents, which he gave out by the numbers written on each gift, making jokes appropriate to the season. A truly jovial saint he proved, and his visit was much appreciated. A social hour followed, and an opportunity was given to compare the presents, which were very pretty and acceptable. With hearty wishes for all the blessings of the season, the festive gathering ended.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE SEVENTH ANNUAL CONVENTION OF THE ASSOCIATED ALUMNÆ

OFFICERS of societies having a membership in the national body are reminded of the necessity for electing the delegates who are to represent said societies, and as soon as possible to send those names to the secretary of the Associated Alumnae in order that she may know for how many representatives to plan in arranging for the transportation at a reduced rate.

The exact date of the convention will be announced next month, but it will, of course, be placed so as to permit the delegates from a distance to attend the national meetings en route for the International.

The secretary would remind members of the Associated Alumnae attending the International meetings that they are privileged to wear the pin of the National Council of Women; this the secretary will be glad to supply upon application.

MARYLAND BILL

COPY of the bill prepared by the Maryland State Society of Graduate Nurses to be introduced at the coming session of the Legislature:

AN ACT to Provide for State Registration of Nurses.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That upon the taking effect of this act, the Maryland State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession. These nominations shall be submitted to the Governor of the State, who shall from said number appoint, within sixty days, a Board of Examiners, to be composed of five (5) members. One of the members of this board shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years, from a list of five nominations submitted to him by the Maryland State Association of Graduate Nurses annually. All vacancies occurring on this board shall be filled by the Governor in the same manner from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

SEC. 2. *And be it further enacted,* That the members of this State Board

of Examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a president and a secretary, who shall be the treasurer. Three members of this board shall constitute a quorum, and special meetings of the board shall be called by the secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act, which shall at all reasonable times be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expenses on this behalf. The secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars (\$100.00) per annum, also travelling and other expenses incurred in the discharge of her official duties. The other members of the board shall receive five dollars (\$5.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the board under the provision of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the treasurer for meeting the expenses of the said board and the cost of annual reports of the board.

SEC. 3. *And be it further enacted*, That after June 1, 1906, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this act to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars (\$5.00).

SEC 4. *And be it further enacted*, That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital of good standing, where a three-years' training with a systematic course of instruction is given in the hospital.

SEC. 5. *And be it further enacted*, That all nurses graduating before June 1, 1906, possessing the above qualifications shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training-schools connected with a general hospital or sanitarium giving two-years' training or prior to the year 1897 having given one-year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this act, or have been engaged in nursing five years after graduation prior to the passage of this act, also those who are in training at the time of the passage of this act and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1906. Graduates of training-schools in connection with special hospitals who shall obtain one year's additional training in an approved general hospital before June 1, 1906, shall be eligible for registration without examination. And it shall be unlawful after the expiration of that time for any person to practise professional nursing as a

registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as a "registered nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 6. *And be it further enacted*, That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SEC. 7. *And be it further enacted*, That any person violating any of the provisions of this act, or who shall wilfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred dollars (\$500.00).

SEC. 8. *And be it further enacted*, That the State Board of Examiners of graduate nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty-days' notice, and after a full and fair hearing of the charges made, by a majority vote of the whole board the certificate can be revoked.

SEC. 9. *And be it further enacted*, That this act shall take effect from the date of its passage.

NEW JERSEY STATE MEETING

THE second annual meeting of the New Jersey State Nurses' Association was called to order at two P.M., December 1, at Mercer Hospital, Trenton, N. J., Mrs. Janette F. Peterson, acting president, in the chair.

The opening prayer was made by the Rev. W. Strothers Jones, chairman of the Training-School Committee of Mercer Hospital, followed by an address of welcome by Dr. William Elmer, medical director of the hospital, which was responded to by the acting president, after which Francis B. Lee, Esq., gave a most interesting and instructive address on legislation.

The minutes of the last annual meeting, also of special and executive meetings held during the year, were read, followed by reports of the treasurer and Standing Committee.

The secretary reported over seven hundred nurses having registered in the State since our bill passed the Legislature.

In addition to this, during the first session Article VI. of the by-laws was amended. The advisability of asking the State Legislature to amend our bill was discussed and the Ways and Means Committee instructed to proceed with the work of legislation.

Then followed an animated discussion as to ways and means of sending a delegate from New Jersey to Berlin to attend the International Congress of Nurses. A vote to send one having been carried, it was finally decided that the delegate should be appointed by ballot, balloting to be done by mail.

A committee was appointed to arrange a form of ballot and to send it to every member of the association with instructions. Miss Mary Mason, superintendent of the Training-School at Newark City Hospital, was appointed chairman of this committee, Miss Mary Ahner, of Newark German Hospital, and Miss Lilly Leigh, of the Home for Crippled Children, her associates.

The meeting then adjourned for fifteen minutes, during which time members cast their ballots for new officers.

The second session was called to order at four-twenty-five P.M., and very interesting reports were heard from Mrs. Stephen, of Orange; Miss Squire, of Newark; Miss Rockhill, of Camden, delegates to the State Federation of Women's Clubs Convention.

Miss Meyers, of Camden; Miss Ahner, of Newark, and Miss Coomber, of Orange, were appointed as Nominating Committee for the year 1904.

Invitations for the Third Annual Meeting came from St. Barnabas and Newark City Hospital and from Orange Memorial Alumnae Associations. It was decided to hold the next annual meeting in Newark.

Resolutions of thanks were sent to the Rev. W. Strothers Jones for his opening prayer; to Dr. Elmers for his cordial welcome; to Francis B. Lee, Esq., for his interesting and instructive address; to the Committee on Arrangements; to the directors of Mercer Hospital for the privilege of holding our meeting in their hospital, and to the nurses in Trenton for their kind invitation and hospitality; also to Miss Irene T. Fallon, our former president, for her untiring interest and labor in organizing our association, and expressing our universal regret at her resignation. Regrets were also expressed for Miss Fahringer's resignation as secretary, and thanks given to Mrs. Peterson and Miss Neafsey for having taken up the work.

Officers for the year were elected as follows:

President, Miss Bertha J. Gardner, Newark, N. J.

First vice-president, Mrs. Janette F. Peterson, Bayonne, N. J.

Second vice-president, Miss Mary Mason, Newark, N. J.

Secretary, Miss Laura MacHale, Newark, N. J.

Treasurer, Miss Catherine Neafsey, Newark, N. J.

Chairman of Ways and Means Committee, Miss Martha E. Galatian, Newark, N. J.

Chairman of Membership Committee, Mrs. Daniel Cook, of Trenton, N. J.

Chairman of Printing Committee, Miss DeArcy Stephen, Orange, N. J.

The chairmen of these committees, together with the officers, compose the Executive Board.

A full report of this meeting will be printed and distributed to members.

LAURA MACHALE, Secretary.

NORTH CAROLINA

THE Board of Examiners of Trained Nurses of North Carolina was organized December 16, 1903.

In accordance with an act of the Legislature of 1903, as provided in the Nurses' Registration Act, there has been established the Board of Examiners of Trained Nurses of North Carolina. This board consists of five members—two physicians and three trained nurses—appointed by the State Medical Society and the North Carolina State Nurses' Association respectively to serve for three years.

The members are as follows: Dr. J. W. Long, Greensboro; Dr. R. S. Primrose, New Bern; Mrs. M. H. Laurance, Rex Hospital, Raleigh; Miss Constance Pfohl, Winston-Salem; Miss M. L. Wyche, Watts Hospital, Durham.

This board met in Greensboro on December 19, 1903, for organization, all the members being present except Dr. Primrose, who was unavoidably detained. Dr. Long was elected chairman and Miss Wyche secretary pro tem., after which many important features of the work were discussed.

A constitution and by-laws will be adopted at a later meeting.

In the final election of officers Mrs. Laurance was chosen president and Miss Wyche secretary and treasurer.

The first meeting of this board for the examination of nurses will be held in Raleigh on Tuesday and Wednesday of the week of the meeting of the Medical Society and just preceding the meeting of the State Nurses' Association. Due notice of this meeting will be given through the papers.

Registration is not compulsory, but no nurse can register, after December 31, 1903, without a certificate from the Board of Examiners.

MISS M. L. WYCHE, Secretary and Treasurer,
MRS. M. H. LAURANCE, President.

Watts Hospital, Durham.

PENNSYLVANIA STATE MEETING

THE second meeting of the Pennsylvania State Nurses' Association was held in Harrisburg on January 20-21, Miss Annie E. Brobson, the president, in the chair.

Rev. H. H. Hastings made the invocation, Mayor McCormick gave the address of welcome, and Dr. McAllister, from the Academy of Medicine, gave an address and greeting in behalf of the medical profession of Harrisburg.

Miss Brobson in a brief address stated the object of the meeting. Miss Sarah Rudden read an article from *THE AMERICAN JOURNAL OF NURSING* entitled "The A, B, C of Registration." A paper entitled "A Plea for Organization," written by Miss Rebecca Halsey, of the Jewish Hospital, Philadelphia, was read by Miss Greaney, of the Woman's Hospital.

On Wednesday evening a most delightful reception was given to the nurses by the members of the Academy of Medicine, at which more than two hundred guests were present.

The representation was from every part of the State, about seventy nurses being present. The usual routine business was transacted.

During the various discussions it was stated by Miss Milne, of the Presbyterian Hospital, Philadelphia, that a "Preliminary Education for Nurses" course was being given at the Drexel Institute through the influence of Dr. S. Weir Mitchell, said course embracing the subjects of "Domestic Science," "Anatomy," "Physiology," "Materia Medica," "Bacteriology," and "Hygiene." But eight nurses have entered the class this year, and unless there are more next year who take up this course it will be impossible to continue it. On motion of Miss Whitaker, seconded by Miss Madeira, the approval of the State Association was given this movement of Dr. Mitchell's.

The next meeting of the association will be held at Wilkes-Barre, Pa., April 20 and 21, 1904.

Mrs. GEORGE O. LOEFFLER,
Chairman Publishing and Press Committee.

STOCKHOLDERS' MEETING

THE annual meeting of the stockholders of *THE AMERICAN JOURNAL OF NURSING COMPANY* was held at 265 Henry Street, Grill Room, City of New York, on January 21, 1904, at two P.M.

The five directors elected for the ensuing year were Miss I. McIsaac, Miss M. E. P. Davis, Miss M. M. Riddle, Miss M. A. Nutting, and Miss A. D. Van Kirk.

A. D. VAN KIRK, Secretary.

INTERNATIONAL COUNCIL OF NURSES

THE First Quinquennial Meeting of the Grand Council of the International Council of Nurses will be held in Berlin in June next, during the week beginning on June 12. The exact date and place of meeting will be announced later in the nursing press.

AGENDA.

1. Minutes.
2. Presidential address.
3. To receive general and financial reports.
4. To appoint scrutineers of the nomination papers for the offices of president, honorary secretary, and honorary treasurer.
5. To consider the affiliation of national councils.
6. To consider the adoption of official organs.
7. To define the method of work for the next Quinquennial period.
8. To receive reports from affiliated countries on:
 - (A) *Legislation* effected for trained nurses—
 - (a) By State registration.
 - (b) Under government departments in the army and the navy.
 - (B) *Education*.

To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.
9. The appointment of honorary officers.
- Other business.

LAVINIA L. DOCK, Honorary Secretary,
431 Oxford Street, London, W.

STUDENTS' REPORT—HOSPITAL ECONOMICS CLASS

ON December 3, 1903, the class excursion was made to the Walker-Gordon Laboratory. The manager most courteously conducted us about the place and interested us in a detailed account of the work done there.

Milk is supplied from the company's farm situated at Plainsboro, N. J. Most scientific hygienic and aseptic methods are pursued in the care of the cows and buildings and in handling the milk and utensils. Bacteriological and chemical examination of the milk is made daily by the superintendent of the farm, a Cornell University graduate specially trained for his position.

Walker-Gordon guaranteed milk and cream are supplied to families in New York and adjacent cities. In filling long-distance orders sterilization is necessary. Only the week before a case of two hundred quarts of milk had been shipped to Egypt.

We sampled milk which had been sealed, sterilized, and placed in cold storage two months previously. It was perfectly sweet.

Special attention is given to the modifying of milk for babies and invalids in accordance with prescriptions sent in by physicians.

This company maintains laboratories in Boston, Philadelphia, Chicago, and other cities in the United States and Canada, also one in London, England.

December 17 we had the extreme pleasure of visiting the Nurses' Settlement, 265 Henry Street. Miss Wald outlined the organization and development of the undertaking. It seems almost incredible that so extensive a work is the outcome of the small beginnings of ten years ago. The Model Flat and the First Aid—out-door department—were specially interesting.

Tea was served in the characteristic spirit of the place, after which we took our departure with but one regret—the absence of Miss Dock. Every nurse visiting New York should see the settlement.

The Christmas vacation was very pleasantly spent by the members of the class who remained in the city.

COMMITTEE ON TESTIMONIALS

THE report of the Committee on Testimonials of the New York State Nurses' Association will be given in full at the annual meeting in April, but Miss Gilmour, the chairman, furnishes the following description of the gifts sent to Senator Armstrong and Miss Allerton, with their letters of acknowledgment, as being of especial interest to the nurses of the State at this time:

"The testimonial for Senator Armstrong was a very handsome lamp, the font an imported pottery vase, heavily mounted in Tiffany bronze, and a globe of Tiffany favrile glass, heavily leaded in daffodil pattern. On the band around the font was the following inscription: 'Presented to Senator and Mrs. Armstrong by the New York State Nurses' Association in appreciation of their kindly services in passing the bill for State registration of nurses, 1903.'

"Miss Allerton's present was a desk set of green favrile Tiffany glass, with a dull bronze overlay in floriated pattern. The set consisted of a pad, paper-holder, ink-well, paper-weight, blotter, pen and tray, and small book-rack. The inscription was placed on the front of the paper-holder and was as follows: 'Presented to Miss Eva Allerton by the New York State Nurses' Association in appreciation of her kindly service in passing the bill for State registration of nurses, 1903.'"

Senator Armstrong's letter was as follows:

"ROCHESTER, N. Y., January 4, 1904.

"*Mary S. Gilmour, New York State Training-School for Nurses, New York City, N. Y.*

"DEAR MADAM: I have your favor of the 31st ult., and on New Year's Day we received the beautiful lamp which you forwarded us. My wife and I were as surprised as we were pleased; it is by far the most beautiful article we have in the house. I am glad to know that Miss Allerton is given much credit for the success of your bill, because it was due to her and those who assisted her much more than to myself that it became a law.

"Please express our very many thanks to your association for their kindness and thoughtfulness, and assure them that to us the most beautiful feature of the lamp will be the expression of remembrance and esteem with which it is engraved. Yours truly,

(Signed)

"WM. W. ARMSTRONG."

Miss Allerton's acknowledgment was characteristic and informal:

"MY DEAR MISS GILMOUR: I am so astonished and so pleased and happy with the pretty desk set that I cannot express to you and the Nurses' Association my thanks, nor tell them of my pleasure, it is so great. My work was made easy by all the loyal friends and associates. This beautiful gift will always remind me of the anxious days and twice over of the victory which followed.

"I thank you and the committee for the charming selection. I am grateful to the New York State Association of Nurses for the feeling which prompted the giving.

"I do not know how to say more. I am just thankful and happy with it all. Yours very sincerely, (Signed) "EVA ALLERTON.
"ROCHESTER, N. Y., January 12."

THE INTERNATIONAL CONGRESS

[THE Executive Committee of the National Council of Women holds a meeting in Indianapolis during the week beginning February 1. Mrs. May Wright Sewell, honorary president of the National Council of Women, and the "president of the International Council of Women," has issued a circular letter addressed to the members of the National Council of Women of the United States, a copy of which has been sent to this JOURNAL through Miss Nutting. We regret very much that our JOURNAL will be circulated too late to be of benefit to nurses who might have attended this meeting in Indianapolis if the announcement could have been made earlier.

We quote that portion of Mrs. Sewell's letter in which she gives the outline of the plans for the representation of American women at the International Congress in Berlin, and with which all nurses who intend to be present should be familiar.—ED.]

"It is not unknown to the members of the National Council that the Third Quinquennial of the International Council will convene in Berlin on June 6 of 1904, and that the Quinquennial, which will occupy one week, will be followed by an International Congress held under its auspices and arranged for by the National Council of Germany, which will continue through the next week. The National Council of the United States, like all other affiliated councils within the International, has a right to the following representation at the Berlin Quinquennial, namely:

"*First*, one member on the Committee of Arrangements for the Executive of the International.

"*Second*, two delegates.

"*Third*, two alternates for said delegates.

"*Fourth*, one speaking representative of the council, who will make an address at the second public session of the Quinquennial, when every national council will have an opportunity to give a brief survey of its own work, and to state the international aspect of its work. All of these representatives are to be elected by ballot at the approaching executive session. It behooves every member of the executive to be present, since the united wisdom, discrimination, and judgment of the executive should be brought to bear upon the vital question of who these five representatives of the American Council shall be. This, however, is not the only important and particular work of the approaching executive.

"Last March, in New Orleans, a special committee was appointed to investigate the condition of affairs at St. Louis, and to study the best possible representation of the effort of the council in St. Louis during the months of the exposition. This committee, whose chairman is Mrs. Lillian M. Hollister, of Detroit, has undoubtedly performed its duty faithfully, and it will have a plan of representation which will interest every member of the council, and the judgment of every member will be needed in the consideration of this plan and the consideration of the means by which it may be successfully executed.

"Besides these matters of importance, there are important reports from the standing committees, especially from the Committee on Resolutions, which has had before it during the last year questions of exceptional importance.

"Then there will be the representation of American women in the International Congress, which is to follow the Third Quinquennial, to consider. Before February 1 advices will undoubtedly be received from Germany which will enable the president of the International Council, whom Mrs. Swift has appointed a special committee of one on the representation of the American Council at Berlin, to give a report of great interest concerning the preparations that are being energetically carried forward by the tactful president of the German Council and her able associates.

"The names of over one hundred women have been proposed by the members of the executive of the American National Council as candidates for the honor of speaking in some section of the International Congress. All of these names have been forwarded to the German Committee of Arrangements. It goes without saying that it will be quite impossible that all shall be invited. The council will have more than doubled since the Second Quinquennial, held in London in 1899, and as the International Congress is convened for the same length of time as in London, the number of speakers that can be invited from any one of the twenty-two countries that will doubtless be within the International Council before June will, naturally, be less than the number which could be invited from any one of the nine countries constituting the International Council five years ago. There can be no doubt that the desire of the German Committee of Arrangements to invite a just proportion of speakers from the American Council is keen and sincere. It is not improbable that the letters of invitation will have been received prior to our executive. Then there must be a canvass to ascertain who among the invited can go. If for any it should prove impossible, then again there will be an opportunity to nominate available substitutes."

INDIANA STATE MEETING

A MEETING of the Indiana State Nurses' Association will be held at the Grand Hotel in Indianapolis on February 22. All nurses are earnestly requested to be present.

PROGRAMME.

Informal meeting of committees, etc., at eleven A.M.

Luncheon at one P.M.

Call to order, two P.M.

Address by Dr. Rilus Eastman.

Response by president, followed by business session.

MASSACHUSETTS NURSES MEET

A MASS meeting of the newly organized Massachusetts State Nurses' Association was held in the New Century Building January 13. There was a large gathering of graduate nurses from nearly every county in the State and many women physicians. Miss Mary M. Riddle, the president, was in the chair. Dr. Laura A. C. Hughes, treasurer, said the receipts thus far were more than six hundred dollars; the membership is three hundred and one, with applications coming in. Miss E. D. Ayers reported that a branch society has been formed in Worcester, with a membership of forty-eight. A similar society has been organized in Bristol County with thirty-six members, and in Essex County a branch will be formed next month. Other counties will rapidly become affiliated with the State association.

Miss M. E. P. Davis, chairman of the Committee on Legislation, read the bill which is to be presented to the Legislature. The bill was accepted with certain changes. The following committee was appointed to present the bill before the Legislature, in conjunction with the attorney of the association: Miss Riddle, Miss Pauline L. Dolliver, Miss R. Metcalf, Dr. L. A. C. Hughes, and Miss M. E. P. Davis.

Dr. Elizabeth C. Keller, of Jamaica Plain, was made an honorary member in recognition of the aid she has given the nursing profession, and expressed her appreciation.

REGULAR MEETINGS

ESSEX COUNTY, MASS.—On the afternoon of December 8, 1903, the Salem Hospital Alumnae Association of Salem, Mass., invited all the trained nurses of Essex County to attend a meeting in the interest of State registration for trained nurses. About seventy-five graduate nurses were present, coming from Lynn, Haverhill, Gloucester, Newburyport, Lawrence, Beverly, and other cities and towns of this county. Some members of the Salem Hospital staff and other physicians were also present. The meeting was held in the Administration Building of the new Salem Hospital. Mrs. Josephine S. Hinckly, of Salem, presided. The address of welcome was given by Dr. Harriet R. Goodrich, of Salem. Then followed an address on "The Meaning and Significance of Registration," by Miss M. P. Parker, of Groveland, Mass., who was for eight years superintendent of nurses at the Salem Hospital. Miss M. M. Riddle, of Boston, the president of the National Nurses' Association, made an address on the benefit of registration for nurses, to the public, to nurses, and to physicians, and clearly argued that since the doctor who writes the prescription must be registered, and the pharmacist who fills this prescription must be registered, it is very reasonable to demand also that the nurse who administers the medicine should also be registered by the State. Dr. M. D. Clark, of Haverhill, made a very practical speech upon "Registration from the Physician's Point of View." He said that the point most to be emphasized should be the benefit of registration to *the public*, and in this manner only would it be possible to get the bill through the Legislature. A most interesting and instructive paper on "Private Nursing" was read by Dr. J. P. Fessenden, the senior member of the medical staff of Salem Hospital. Short addresses were also made by Dr. George Z. Goodell, of Salem, a former member of the hospital staff and lecturer to the nurses in the Training-School, and by Dr. Gardner, of the Essex County Homœopathic Hospital. A social hour followed the meeting, and afternoon tea was served in the dining-room, after which, by invitation of the trustees and superintendent, the guests were invited to inspect the new hospital wards and operating-rooms, the nurses' classrooms, and the Administration Building. Much admiration was expressed over the hospital, which is modern in every way and excellently equipped. The education of nurses in this new hospital should be most efficient, and the high standard which the Salem Hospital Training-School for Nurses has for many years enjoyed should here be maintained and advanced.

NEW YORK.—The Alumnae Association of the Metropolitan Training-School for Nurses, Blackwell's Island, New York City, was organized May 18, 1903, at the Nurses' Home with a charter membership of thirty-nine. Miss Mary E. Thorn-

ton, secretary of the Nurses' Associated Alumnae of the United States; Mrs. W. K. Draper, president of the Board of Managers, and Miss Jane M. Pindell, superintendent of the Metropolitan Training-School, kindly assisted in the organization. The association promises to be very successful; it now has a membership of fifty, and holds quarterly meetings on the second Tuesdays of March, June, September, and December. The first few meetings were held at the Training-School Home, but in the future Dr. Stewart's Home for Nurses, 686 Lexington Avenue, will be the meeting-place. The annual meeting will be held on the anniversary day of the organization, May 18, or on the day following when that falls on Sunday. An initiation fee of one dollar and yearly dues of one dollar thereafter was decided upon. Steps have been taken towards the incorporation of the association, and it is hoped to gather all the graduates of the Training-School and to be of mutual benefit to one another. Dr. George Taylor Stewart was elected honorary life president and Miss Agnes P. Mahoney, Miss Jane M. Pindell, and Miss Martha E. Bollerman honorary charter members. The officers of the association are: President, Miss Agnes S. Ward; first vice-president, Miss A. M. V. Kingsland; second vice-president, Miss Katherine Macklin; secretary, Miss Sabra Hunter; treasurer, Miss Alice Hudson.

CLEVELAND, O.—The regular monthly meeting of the Graduate Nurses' Association was held in the Young Men's Christian Association Building on December 29, the president, Miss Lewis, in the chair. Five new members were admitted—Mrs. H. W. Randall, Misses G. Barnes, Fortescue, Cole, and Koeckart. Dr. H. F. Biggar addressed the meeting, after which the report of the Central Registry Committee was read by the chairman and unanimously adopted by the association. Mrs. E. A. Smith, a graduate of the New York Hospital and wife of Dr. Smith, was appointed registrar, and the committee hope to have everything ready for business very shortly. The Governing Committee will consist of Miss Lewis, president of the Graduate Nurses' Association; Mrs. H. W. Randall, superintendent of nurses, Huron Street Hospital, and Miss E. M. Ellis, superintendent of nurses, Lakeside Hospital. Miss F. F. Wright was appointed delegate to attend the general meeting of the Ohio nurses to be held in Cincinnati on January 27 and 28, Miss Sutherland alternate. A vote of thanks was presented to Dr. Biggar, after which the meeting adjourned.

NEW YORK.—The regular monthly meeting of the Alumnae Association of the New York City Training-School was held at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, January 12. Miss J. Amanda Silver, who has been the faithful president for the past year, was reëlected. The following officers for 1904 were duly installed: First vice-president, Mrs. Harriet Porter Ingersoll (reëlected); second vice-president, Miss Jennie W. Simmons; recording secretary, Miss Grace Forman; corresponding secretary, Mrs. Julia M. Syron; financial secretary, Mrs. Clinton Stevenson; treasurer, Miss Martha C. Drew. A vote of thanks was given to the outgoing officers and the various committees who had served during the past year. After a short discussion regarding the formation of the New York County Nurses' Association the usual routine business was transacted and reports from the various committees read. After the meeting the nurses adjourned to the banquet-hall. The refreshments which followed were a donation from Mrs. C. P. Armstrong and were much appreciated.

PHILADELPHIA.—The Alumnae Association of the University of Pennsylvania Hospital held its regular monthly meeting on Monday, January 4, at three P.M. in the Nurses' Home, the president, Miss Rudden, in the chair. Eleven members were present and the usual routine business was transacted. A registering board for use of alumnae members, to be kept at University Hospital, has met with the approval of Miss Smith, the hospital staff, the Training-School Committee, and the Executive Committee, and will be placed as quickly as possible. Miss Keen and Miss Conard were appointed a committee to raise funds for the entertaining of the delegates to the annual convention of the Associated Alumnae. Miss Brobson urged all present to make a supreme effort to attend the State Association meeting in Harrisburg on January 20 and 21. New Year's greetings were extended the association from distant members as follows: Mrs. Williams, Minneapolis, Minn.; Miss Rose Smith, Baltimore, Md., and Miss A. J. Weaver, Erie, Pa. Meeting adjourned.

NEW YORK.—The Alumnae Association of St. Luke's Training-School for Nurses, New York, held a very successful sale and musical during the past month. The Nurses' Home, Vanderbilt Pavilion, which was used for the occasion, was very tastefully decorated. A Japanese tea-room, orange grove, and a wise astrologer were among the various attractions. The different booths were in charge of the nurses in their pretty and picturesque uniforms. Between four and five thousand dollars of the necessary fifteen thousand was realized for the endowment of a room in the new pavilion for the use of sick graduates of the hospital. Madam Louise Sheldon, Miss Marta and Tilli Wall, Miss Mae Mix, Miss Mary Brennan, Mr. Julian Pascal, Mr. John Perry Boruff, and Mr. Oley Speaks kindly gave their services and did much towards making the entertainment a success. The coöperation of the Board of Managers, as well as their generous contribution of seventeen hundred dollars, were greatly appreciated by the nurses.

PHILADELPHIA.—The regular meeting of the Nurses' Alumnae of the Methodist Episcopal Hospital was held at the hospital on December 9, 1903. Seventeen members responded to roll-call. After the regular business the Committee on Endowment Fund for Nurses' Bed reported having completed arrangements for a musical in the near future for the benefit of the fund. Letters of greeting from absent members were read, one coming all the way from Manila. Miss Edith Wetherill read a very interesting report of the State Convention in Pittsburgh. The meetings are always enjoyed by those who attend, as are also the social chats before and after the meetings. The earlier classes were better represented at this meeting than usual.

BRISTOL COUNTY, MASS.—A mass meeting of the graduate nurses of Bristol County, Mass., was held at Morton Hospital, Taunton, December 30, 1903. There were addresses by Dr. Presby, of Taunton, and Miss C. D. Noyes, of New Bedford, counsellor to the Massachusetts State Nurses' Association for Bristol County. A collation was served by graduates of Morton Hospital, after which the meeting re-assembled and an organization was formed with Miss C. D. Noyes as president; Mrs. Evelyn Tilden and Miss Ella Sears, vice-presidents; Miss Seaver, treasurer, and Miss Jessie L. Marriner, secretary. Forty members were enrolled and all joined in extending thanks to the management and alumnae of Morton Hospital Training-School for their cordial entertainment.

NEW YORK COUNTY.—The third of the preliminary meetings for the purpose of forming an association of registered nurses of the County of New York was held on Monday, January 18, 1904. Through the courtesy of Miss Delano the meeting was held at Bellevue, the business considered a constitution and the by-laws. A Nominating Committee was appointed. At the meeting held January 25, 1904, the constitution and by-laws were adopted and the following officers elected: President, Miss Amanda Silver; first vice-president, Miss Kilpatrick; recording secretary, Miss Smith; corresponding secretary, Miss Elizabeth Burns; treasurer, Miss Greenthal; trustees—Miss Anna W. Goodrich, Mary E. Thornton, and Miss Anna Daniels. The three members at large who complete the Executive Committee are Miss Irene Yocum, Miss Atwater, and Miss Bissell. Miss McKechnie was made chairman of the Committee on Credentials, and Miss Mabel Wilson chairman of the Committee on Finance. The next meeting will be held in March on the first Tuesday at eight in the evening at the Presbyterian Hospital.

DETROIT, MICH.—The Detroit Graduate Nurses' Association held its first annual meeting on December 4, 1903, in Room 416, Washington Arcade. Reports of the past year's work were read. The roll-call showed a membership of seventy-seven. The association will take a short course in parliamentary law with Mrs. Emma Fox preparatory to State organization. The officers for the ensuing year are: President, Mrs. L. E. Gretter; first vice-president, Miss E. Courtney; second vice-president, Miss E. Miller; recording secretary, Miss M. Hartford; corresponding secretary, Miss A. G. Deans; treasurer, Miss L. Buell.

NEWARK, N. J.—The Nurses' Alumnae Association of the Newark City Hospital gave a progressive whist on Monday evening, December 14, 1903, at Oratan Hall for the purpose of raising funds to furnish and maintain a room for sick nurses. It was a great success, and a handsome sum was realized. About four hundred people were present and sixty tables played. Among the guests were many prominent physicians with their wives. The hall was tastefully decorated with palms and flags. Handsome prizes were distributed and refreshments served. The nurses were in blue and white, the school uniform.

NEW YORK.—The January meeting of the Association of Graduate Nurses in Manhattan and Bronx was held on January 11, at the League for Political Education, 23 West Forty-fourth Street. Miss Sophia F. Palmer was unanimously elected an honorary member of the association. Under the auspices of the Entertainment Committee a very interesting address on "Current Events" was given by Miss A. Rhodes and was greatly enjoyed by all. Delegates were elected to the meeting of the County Society of Nurses to be held the third week in January.

NEW YORK.—At a special meeting of the New York Post-Graduate Hospital Nurses' Alumnae Association, held on December 17, 1903, at the Margaret Fahnestock Training-School, the following officers were elected for the ensuing year: President, Miss Charlotte Ehrlicher, German Hospital, Seventy-seventh Street and Lexington Avenue; vice-presidents, Miss Daisy Ding, Miss Flora Chapman, Mrs. Scott, Miss Emmott; secretary, Miss Gertrude E. Selden, 167 East Sixty-ninth Street; treasurer, Miss J. E. Van Zandt, Post-Graduate Hospital.

WORCESTER, MASS.—A second meeting of the Worcester County Nurses' Association was held yesterday afternoon at the Memorial Home for Nurses, City Hospital. The principal business was the presentation of the constitution and by-laws for the association, drawn up by Miss Rachel Metcalf, Miss Mary R. Brown, and Miss Cecelia M. Merrilly, which were accepted. The regular meetings of the association will be on the third Wednesdays in January and September.

PHILADELPHIA.—The Woman's Hospital Alumnae Association held its regular monthly meeting at 1227 Arch Street, Philadelphia, January 13. Owing to the inclement weather there were only a few nurses present. After the business was finished several letters from alumnae members were read in reference to State registration, also a letter from Miss Byers, one of our nurses, who has charge of the Civil Hospital in Santiago.

BROOKLYN.—The annual meeting of the Alumnae Association of St. Mary's Training-School was held on January 4, 1904. The usual routine of business was transacted. The officers elected for 1904 are as follows: President, Miss M. A. O'Neill; first vice-president, Miss Ada Clarke; second vice-president, Mrs. M. McCaughey; treasurer, Miss M. McCarthy; secretary, Miss D. M. Macdonald.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnae was held on Tuesday, January 5. In spite of the frigid weather the meeting was well attended, but owing to delay on the part of the lawyer, nothing was done towards revising the constitution as was expected. After the meeting adjourned, coffee and cake were served and the usual social half-hour was spent.

MINNEAPOLIS.—The graduates of the City Hospital Training-School assembled at the parlors of the Nurses' Home on December 4, 1903, at seven-thirty P.M. and organized a Nurses' Alumnae Association. After the business meeting refreshments were served by Misses Larsen and MacDermid.

DETROIT, MICH.—The annual meeting of St. Mary's Hospital Nurses' Alumnae Association was held January 14, 1904, in the nurses' temporary home, 29 Henry Street. After the usual routine of business was transacted the election of officers for the ensuing year took place.

PHILADELPHIA.—No meeting of the Philadelphia County Association was held on Wednesday, January 13.

MARRIED

At Cleveland, O., December 21, 1903, Miss Wilfreda Brockway, graduate of St. Luke's, Chicago, Class of 1902, to Mr. Frederick Deknatel, of Chicago. Mr. and Mrs. Deknatel will reside at Hull House, Chicago.

On October 7, 1903, at Brooklyn, N. Y., Miss N. C. Hughes, of the Class of 1895, St. Mary's Training-School for Nurses, to Mr. W. H. Raney. Mr. and Mrs. Raney will reside at Prescott, Ontario, Can., as Mr. Raney is the leading druggist of that place.

OBITUARY

THE following resolutions were adopted at the January meeting of the Alumnae Association of the Connecticut Training-School for Nurses:

"WHEREAS, It has pleased our Heavenly Father to take from our midst Mrs. Emma J. Rielley. We, her associates, feel that in her death we have lost a sincere and much-loved friend, and the profession a most highly esteemed member.

"Resolved, That we do sincerely sympathize with her daughter in her great bereavement, and desire to express to her the esteem in which we held our sister nurse.

"Resolved, That a copy of these resolutions be sent to her daughter, a copy recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

"MARTHA J. C. SMITH,
"ANNA M. LOCKERTY,
"ROSE M. HEAVERN,
"Committee."

THE members of Camp Liberty Bell have heard with sorrow of the death of their comrade, Julia H. Murphy, and would extend their heartfelt sympathy to her family and friends in their bereavement.

REBECCA JACKSON,
Captain of Camp.

PHILADELPHIA, January 8, 1904.

AT her home in Morristown, N. J., November 18, 1903, Miss Charlotte E. Paxton, of the Class of 1890 of the Brooklyn Homœopathic Hospital Training-School.

SUDDENLY, at Charleston, S. C., of pneumonia, Mary Wallis Heriot, of the Johns Hopkins Hospital Training-School, Class of 1894.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

It is to be hoped that the officers and councils of the Superintendents' Society and Associated Alumnae, at present united in the American Federation of Nurses, will study carefully the following resolution, which is to be presented at the Berlin Congress for action:

“Resolved, That the executive recommend that a motion be placed on the agenda for the quinquennial meeting of the International Council as follows: ‘That societies of women internationally organized may become members of the International Council of Women on conditions which shall be submitted to the National Councils for decision by the president, the chief principles underlying such conditions to be (a) that such International Society have branches in not fewer than three different countries; (b) that such International Society submit its constitution and its membership in different countries; (c) that at least two-thirds of the National Branches of such International Society be affiliated to the National Council of their own country; (d) that no such International Society be given more than one vote, or, say, one-third of the total number of votes given to National Councils.’

“That only those international organizations be accepted into the International Council of Women whose branches are affiliated to the National Councils in all countries where National Councils of Women exist.

“That the fee for International Societies be fixed at one hundred dollars, and that such societies as are accepted be allowed each one representative on the Executive Committee and on the council.”

It may be some time before there is an International Council of Nurses formed of national societies, but it will surely come before many quinquennials have passed. Already the nurses of Germany have organized their national body, and we have ours. English nurses, who have a number of strong and influential local groups like our alumnae, have not yet united into one national body, but it is quite certain that they will some day. (We speak now as a prophet, and not with information.) The Australian and New Zealand nurses, who are full citizens of the most enlightened countries on the globe, should be in almost every respect ready, and now the practical point for us is, that only through affiliation with the National Council of Women at home can we share in the work and glory of this magnificent congress of women from all over the world, whose certain mission it is to create a new form of moral standards and a new type of the ideal.

It is true that at home our National Council of Women, owing to the supremacy of the Federation of Women's Clubs, is not as strong and effective as the councils in other countries, and that so far as home affairs are concerned

there does not seem to be any great and evident reason why we should belong to it.

But we believe that a supreme and sweeping reason is to be found in these international gatherings, by membership in which we may greatly help in the work of elevating undeveloped womanhood in all countries.

We ought not to go to these great gatherings simply as spectators, as one goes to the theatre, but as reënforcements to a great army whose cause is just.

THE ENGLISH REGISTRATION MOVEMENT

WE learn with the greatest satisfaction that the English Society for State Registration has presented a registration bill to its members for approval, and that it has been adopted and is now ready to present to hospital committees, medical, nursing, and political bodies for their suggestions and criticism. The campaign of the English society has been splendidly conducted, and the most striking demonstration of its success is the complete capitulation of the Royal British Nurses' Association, which now comes out for registration after having been a complete bar and block in the way for ten years.

Truly, nothing is impossible, even the moving of mountains.

NURSING REFORM IN FRENCH HOSPITALS

THE first feeling upon reading the masterly paper read by Dr. Anna Hamilton at the Third Hospital Congress in France is one of amazement that it should be necessary to reiterate the very "a, b, c" of good nursing to the men of a nation so distinguished for mental ability and professional brilliancy as the French, especially if they have ever visited the hospitals of Great Britain, Holland, Denmark, Sweden, or Germany. The second feeling is, that with the sole exception of Dr. Hamilton herself the *women* of France have not been doing their duty. Now at last, as the reward of her crusade, comes the gratifying news that the Municipal Council of Paris intends founding, at an expense of one million francs, a thoroughly modern nursing school with class- and lecture-rooms, where the pupils will live under careful supervision, and where they will receive a practical hospital training as well as theoretical instruction. We rejoice in this outcome of the various efforts at reform in France, and hope that the Municipal Council will not fail to place a thoroughly efficient woman in full charge of the nurses. We give the following abstract * from Dr. Hamilton's paper, just to show how her task has been "line upon line—precept upon precept:"

"It is of the utmost importance that candidates for nursing should possess a good education. Lacking the self-reliance and culture which are conferred by a good education, the delicate nature of nursing service will inevitably degenerate into coarseness.

"After an experience of twenty-five years we are able to assert positively that professional instruction alone has not improved the quality of hospital nursing. The Parisian nurse remains of the servant class, whilst in the north of Europe, since Miss Nightingale's reforms, she has come from the same social class as the physician.

"This statement may be verified by observing the hospitals of England,

* Abstract from "Instruction professionnelle et Situation du Personnel Secondaire des Hôpitaux," read by Dr. Anna Hamilton at the Third National Congress of Hospitals and Charities, Bordeaux, June, 1903.

Sweden, and Holland, and yet the instruction given in Paris is much more developed and scientific than that in London, Stockholm, or Amsterdam.

“Dr. Bourneville, founder and director of the municipal training-schools for nurses in Paris, has acknowledged, after twenty years of experience, that the instruction which is indispensable for our times is insufficient to make a perfect nurse. It needs to be supplemented by moral qualities which cannot be acquired by training and which the diploma cannot confer.”

“Also, Mons. Henri Monod, director of the ‘Assistance publique,’ in a pamphlet treating of the establishment of training-schools in the provinces, declares that ‘the school should not limit itself to giving theoretical instruction; that the essential element of nursing education could only be learned by practice at the bedside of the sick.’”

Dr. Hamilton outlines a practical reform as follows:

“The hospital which is to serve as a school should be divided into sections, each comprising one or more wards, under the charge of a certificated and experienced nurse, who should have a sufficient number of trained assistants.

“The pupil must be able to devote her whole time to the work. Candidates having family obligations should not be taken. The married woman must either sacrifice her family to her occupation or her occupation to her family. The sick should not be exposed to such an alternative. Only the single woman or the widow should be taken. The pupils should spend eight or nine hours of each day in the wards, working under the direction of the supervising nurses.”

Dr. Hamilton then describes with great clearness and detail the ideal of what a good nurse should be, and recounts her duties and what may be expected of her.

“The practical teaching must be supplemented by class work and note-taking under the head nurses, and the pupil should pass in turn from one division to another.”

Dr. Hamilton specially emphasizes the importance of the trained head and supervising nurses, saying that upon them primarily will depend the success of the school.

She also thinks that the school is more likely to succeed if it is attached to a hospital having no medical school, chiefly because the French students have been accustomed to do much that properly belongs to the nurse. The practical house physician often knows much better how to lecture to nurses than the learned professor of a university.

“The instruction should be simple. The tendency in France is to give lectures suitable to an assistant physician, and the few manuals on nursing which are written in French treat the subject of nursing as if it were minor medicine and surgery. The hours of class teaching should be systematic and not too many, and practical examinations should demonstrate the practical attainments, with written ones for the theoretical side. The nursing service, being of women, can only be properly and effectively directed by a woman.”

Dr. Hamilton then recounts the proper authority and standing which this trained head should be accorded, quite as we are accustomed to see her. She then goes on to say that another reason why it is better for the nursing school to be separated from the medical school is that students are accustomed to see in nurses a class of inferior beings whom they make fun of and do not respect.

[We are much inclined to think that a most salutary effect would be wrought upon these youths by the presence of refined and educated women nurses in their wards. We have too often seen these raw young cubs transformed into gentle

and humane beings under the systematic training of the ward nurses not to believe that it would not hurt the nurses and would immensely benefit the students to have them in the same hospital.]

Dr. Hamilton then discusses the financial question, and shows how the present clumsy method of paying salaries to a number of ineffective people could be changed to the school system. She also advocates separate buildings for nurses' homes. No such thing now exists in France, and the squalor and unpleasant surroundings of nurses' quarters in French hospitals form a serious impediment to the entrance of refined women. She concludes by recommending to the observation of the members of the Congress the Protestant hospital at Bordeaux, where, under her direction, has been established the only school in France where a thorough two-years' course is taken under the management of a trained head, where a uniform is worn, where only pupils of good education are accepted, where the pupils pay for their training, and where a certificate is given after theoretical and practical examination.

LETTERS

IN my visitations to Continental hospitals I have seen some of the most beautiful and also the cleanest hospital kitchens imaginable, and have been surprised to find in how many of them all—or nearly all—of the work is done by women. One sometimes feels here that the kitchen stands on a higher plane than it does with us. We seem to be a little ashamed of kitchens, and often give them a mean corner and ugly appliances. Our home kitchens are usually hideous, and over here they are apt to be among the prettiest rooms of the house. To be sure, in these hospitals nothing like our charming little diet- or teaching-kitchens is even imagined, nor, except in some private hospitals, is the dainty tray to be found such as we have it under the beautifying influence of our domestic science teachers in training-schools. But some of the big hospital kitchens are beautiful to behold.

There seems to be a modern prejudice against brass and copper utensils, and no doubt iron-agate ware is more hygienic and easily cleansed. It is certainly also very pretty in the blue and white; but there is a kind of stunning gorgeousness about a huge hospital kitchen completely fitted out with brass and copper of the most solid and massive handwork and shapes of antique and classic beauty, all polished until they reflect the light. A special one of these pictures of mediæval kitchen beauty and cheer was in Bruges, at the hospital of St. John. Deep covetousness filled my soul at sight of the copper bowls and brass pitchers hanging on the wall and standing about all ready to be stolen. The nun in charge, moving about in the dim spaces (for that kitchen was rather dark) in her robes and bat-like cap, made a most charming picture of a kitchen of the olden time. Then I shall not forget the kitchen in the big city, or rather canton, hospital at Berne. This was quite modern in its fittings and of a spotless cleanliness. One could not only have eaten off of the floor, but have quite enjoyed doing so. In the midst was a slender and even delicate-looking young deaconess in her dress of dark blue with small white spots and cap, who was the presiding genius of the kitchen. Every morning at six o'clock she was in the kitchen, her staff of women being there at four. She had a couple of men to do heavy work, but all the cooking was done by women under her supervision. The

arrangement of everything was most orderly and dainty, and the kitchen was bright, as it was on the ground floor of a pavilion which stood in the exact centre of the whole architectural plan, the wards being along three sides of a great square, the administration in front and the kitchen in the middle of the open space. Its architectural outline, with a big clock-tower, was so attractive that it was ornamental rather than otherwise.

Another beautiful kitchen was in Munich in the General Hospital. The hospital has eight hundred beds, and the kitchen was spacious, with a number of smaller sub-kitchens opening from it in three directions. It was completely furnished with a most lavish and beautiful array of brass and copper very picturesquely arranged, some hanging in rows and some standing on shelves, the huge caldrons all in their places on the great fireplace. One small room was completely filled with brass jugs and other utensils waiting to be scoured and polished. The hospital is in charge of Catholic sisters, and there were five or six of them in the kitchen and its precincts, all at work cooking different things. In one small wing apple tarts were being made; in another the vegetables were being cut up. This kitchen also was as clean as wax, and had a hospitable and home-like atmosphere that was very noticeable. It seemed like a place that was lived in. The sisters were cheerful, friendly souls, not in the least austere, and seemed much pleased at our interest and admiration. (Mrs. Robb was with me.) The head sister told us she had no men—only women—help, and that these prepared vegetables and cleaned up, but that the sisters did the entire cooking with the exception of the bread, which was bought. Their diet-lists too were very detailed and systematically kept, with duplicates in the bread-room, where sat the sister who attended to the bread-cutting machine, which slices bread into any desired width. (Have we these machines at home? I am ashamed to say I do not remember positively, but seem to have a recollection of ward maids or junior nurses slicing the bread by hand.) I saw the bread-cutting machine first in the Wilhelmina Hospital in Amsterdam, and in Holland kitchens and kitchen appliances are elevated to a fine art, both in convenience and attractiveness. Now perhaps the sisters are not always good nurses, for they do not receive the training, but these German sisters are certainly notable house-keepers, and a prettier sight than this great kitchen, the sisters in big aprons, white fichus, and heavily pleated white linen caps, would be hard to find.

But perhaps the most sumptuous and amazing kitchen of all, so far seen, was the one in Venice in the Civil Hospital. This was bigger even and more opulent-looking, and its brasses more bewildering, more enormous, and more varied than any, for it had to provide for thirteen hundred patients. This too was beautifully clean—indeed, the whole hospital was the cleanest place we had seen so far in Italy. Here Sisters of Charity were in charge, wearing close black hoods and white aprons, and giving the same air of sweetness and charm. Four men assistants were allowed in this kitchen to do heavy work.

Now one delightful kitchen was not in a hospital, but I must just put it in, for it was in a *Hospiz*—the hospiz on the top of the Simplon Pass coming by post-wagon from Switzerland to Italy. The monks here entertain all travellers, as they do on the Saint Bernard, and their kitchen was big enough to stow away a hundred people, with a huge fireplace in the middle with its copper caldrons full of hot beef-tea. The post wagons always stop here, and the whole train filed in to be refreshed. As the pass was covered with snow, the hot bouillon was most acceptable. The monk in his brown robes was a fatherly

soul, but loveliest of all, behind the fireplace in a choice spot, were seven young St. Bernard dogs, with their whole outfit of bones and warm mush-pot. Not all kitchens can boast of such an attraction.

And one more word: anyone who is interested in kitchens should not fail to visit the mediæval kitchen (now fully restored) in the "Gruut Huis" of the old Counts of Flanders, in Bruges, which shows all the curious cooking implements of wrought iron used in the fifteenth century, and another interesting one is that in Heidelberg Castle, with its open fireplace at which a whole ox could be roasted.

L. L. D.

ITEMS

HYPODERMIC MEDICATION IN STERILIZED PHIALS

It may be that our hospitals at home have begun to use the sterilized phial medicaments for hypodermic injections, but if not, I should like to describe this method, which was new to me, and which seems to have many advantages over the tablets and other preparations for giving drugs hypodermically from the standpoint of surgical technique and asepsis. Details of technique must always interest the nurse, who is held responsible for many results. The Italian physicians in their practice and in hospital work use these phials entirely, and it was in Italy that I saw them.

The phials are very delicate little glass things, each holding just one dose of a given drug in solution, the strength being, of course, always designated. They have a long, delicate neck just a little larger than the hypodermic needle. They are filled in the manufactory under aseptic precautions, and then the opening of the tiny flask is hermetically sealed. When a hypodermic injection is to be given this seal is broken off, and the needle, which has been sterilized and placed in position on the syringe, is inserted directly into the long neck, the phial being held in an inclined position. The piston is then drawn and the syringe filled. It will be readily seen that perfect asepsis is obtained in this way.

The phials and contents are prepared by an Italian firm in Florence, and besides the usual drugs Italian physicians always order various drugs in this way which we are not usually accustomed to give hypodermically, such as preparations of iron, guaiacol, hypophosphites, etc. I went into Parke, Davis & Co.'s drug shop in Florence and asked them if they sent many of these phials to America. They said that they did send a good many to private physicians, but not to hospitals. It is possible they may be quite expensive, but even then I recommend them to the notice of our hospital superintendents.

L. L. D.

MISS MCGAHEY's friends in America will be sorry to hear that ill-health has prompted her to give up the hospital position which she has held with such conspicuous ability for twelve years in Prince Alfred Hospital, Sydney. We sincerely hope that a period of rest will completely restore her health, and would be glad to have her come to America via Berlin in the coming summer.

AN English nurse, Miss Edla Wortabet, formerly at the head of St. George's Hospital, Beyrout, has written a book on nursing for the Syrians, which has been published by an Arabic journal and publishing company. Miss Wortabet has written a number of articles on hospitals of the Mediterranean which have ap-

peared in the *British Journal of Nursing*, some of which we have copied. They give a most entertaining description of Eastern ways, and reveal strong character and a rich sense of humor.

DR. SCHARLAU has written for the *Zeitschrift für Krankenpflege*, a German monthly, a highly commendatory account of the Mount Sinai Hospital Training-School in New York City, mentioning also the custom of the graduates of living together in club-houses with central telephone, where the physicians can reach them. This plan, which seems so natural and simple to us, is just being tried in Germany, and is regarded by many as an abominable innovation.

WHAT a very unpractical and burdensome system that of the great London hospitals must be, by which no provision for pay patients is made, and all cases who enter must do so on the charity basis. Mrs. Bedford Fenwick, in the *British Journal of Nursing*, has often criticised this system and suggested the introduction of pay beds, and now it seems that our old friend and patron, Sir Henry Burdett, is suggesting the same thing. *Nursing Notes* makes very sensible comment, as follows:

“. . . The hospitals are prohibited from allowing patients to pay according to their means, because it is as “free” institutions they obtain support from the wealthy, and, rightly or wrongly, the idea prevails among hospital administrators that the charitable will not give of their substance to institutions deriving any proportion of their income from patients’ payments. Yet surely a hospital which can become partially self-supporting by allowing those who can afford and wish to do so to defray at least a part of the expenses of their treatment should merit help in even greater measure than one which makes capital out of the amount of its indebtedness and general impecuniosity. This condition of things exists at the present moment: that whilst the very poor can command the best of medical skill freely and for nothing, and the rich can secure the same at a very high figure, the large intermediate mass of the community, from the clerk or working woman, whose income may be one hundred pounds to three hundred pounds a year, to the professional man, with a family to educate on anything under one thousand pounds, are obliged in many cases either to pay far more than they can properly afford in times of illness, or unwillingly take advantage of free institutions which are intended for quite another class of persons.”

“GRACE J. GILLIE” in a report sent to *Nursing Notes* on the school work says:

“We are pleased to be able to report the visit of a deputation from a neighboring town to see the work in some of the schools in Liverpool. The reports of school managers and teachers during past years have been so satisfactory that other Boards of Education are considering the advisability of having a nurse to visit in the schools—partly for the immediate benefit of the children and the checking of disease, but partly also from a purely business point of view—viz., that the attendance may be improved. . . .

“One of the visitors mentioned an objection in the minds of some of the members of the board as to the danger of taking too much responsibility from the parents by having the small ailments of the children attended to at the schools, but the teacher assured him that it was quite the reverse, and that the

parents were anxious to have their children cleaner and to look after them better since the nurse has been visiting the school.

"It has been suggested that nurses who have retired and are receiving a pension might be able to undertake the work of visiting the schools, and that in this way it could be done more economically, as the nurse might live with her friends, and only come to the home to give her weekly report and get supply of dressings, etc. We hear that some district nurses object to the school work if doing it entirely, and as 'Queen's' nurses they consider it very much less interesting than district work, and one can understand that there is not the same variety, but women of experience and good judgment are required in this department, where so many different questions arise which require to be dealt with carefully."



BURIAL OF THE DEAD IN ITS RELATION TO THE PUBLIC HYGIENE.—Those who shrink from the thought of cremation, either for their own bodies after death or for those of their friends, will be interested in the following synopsis of an article from a foreign contemporary which appears in the *St. Louis Interstate Medical Journal*: "D. Matthes (*Zeitschr. of Hyg. und Infect. Krankh.*, vol. 44, No. 3) says that the alleged hygienic nuisance caused by the burial of the dead in its extent and importance is generally overestimated is an opinion held by all not prejudiced by a false sentiment. The propaganda for cremation, of course, does not openly appeal to this sentiment, but justifies its claims by assuming as a truth that hygienic calamities have been brought about by the burying grounds and are liable to be brought on at any time. Many epidemics of typhoid, cholera, and other infectious diseases have been attributed to the proximity of these places and to the contamination of the water supply from them. Although it has long since been conclusively demonstrated that pathogenic germs disappear from the graves in a short time and cannot be found either in the grave itself or in the soil or in the water draining from it, the contamination of this water has constantly remained a source of suspicion. Matthes has for fourteen years kept a constant watch on the chemical constitution of the water from numerous wells situated on the grounds of the Ohlsdorf burying ground near Hamburg. The place occupies an area of one hundred and eighty-six hectares and in it are over two hundred and sixty thousand bodies. The wells are supplied mainly from the drainage of the grounds. The observations were begun at a time when large tracts were not used for the purpose in question and control was kept during the gradual accumulation of graves on them. The general findings were that the water differed in no way in its chemical quality from the water of surrounding localities, and especially that the amount of organic material in it was by no means higher. Nor was any change observed in the water of those areas that in the beginning of the investigation were unoccupied and only gradually filled with graves. Matthes's work is very conscientious and gives us at last a clear idea of the futility of all the apprehensions entertained concerning the danger of the home of the dead to the house of the living."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 8, 1904.

BARTHOLOMEW, ANNIE MORSE, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Chamberlin, Anna B., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the transport Thomas January 1, 1904.

Gertsch, Bertha M., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to accept civil position there.

Hunt, Helen Grant, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Thomas January 1, 1904.

Keliher, Josephine F., on duty at the General Hospital, Presidio, San Francisco, under orders to sail to Philippines February 1, 1904.

McEvoy, Anna E., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to accept a civil position there.

McInnes, Agnes, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Moore, Nellie, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Thomas January 1, 1904.

O'Brien, Helen Grace, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Rohlf, Louise, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

Thompson, Dora E., transferred from the First Reserve Hospital, Manila, P. I., to the United States for duty. Arrived in San Francisco on the Sherman December 15, 1903, and assigned to duty at the General Hospital, Presidio.

Thompson, Ida L., transferred from the First Reserve Hospital, Manila, P. I., to the United States for duty. Arrived in San Francisco on the Sherman December 15, 1903, and assigned to duty at the General Hospital, Presidio.

Verdin, Clara A., on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

White, Ellen L., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Ziegler, Barbara, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail to the Philippines February 1, 1904.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: In the January number of the JOURNAL a correspondent asks to hear from others about the housing of nurses, living, and registry.

The nurses of the New England Hospital Nurses' Club and Alumnae Association have solved this problem effectively, securing a comfortable home and good living at a minimum by coöperation.

First find out how many nurses are willing to take rooms. Having found out, before beginning, look up your house, which should not be too large—it is easier to add than to cut down. Select it in a location best adapted to your needs, either near your hospital or doctors, and a good car line system giving access to all points is very necessary.

Having looked up your house, find out how many are willing to enter the scheme financially, the fewer the better.

We are fortunate enough to have our house near the hospital (and also the property of our hospital), which was let to us at a minimum rate for the first year.

Eleven members volunteered the necessary sum of money to furnish and start the house, forming a stockholders' company with shares of from twenty-five dollars to one hundred each, amounting to six hundred and fifty dollars.

Out of this the parlor, six bedrooms, a reading-room, dining-room, kitchen, and laundry were furnished, and coal and kindling wood purchased. A telephone was put in with repeater. Other rooms are furnished as applied for. The officers consist of a president (from the stockholders), secretary, and treasurer, Executive Committee, advisers, and House Committee. Meetings are held monthly. A stockholder does not necessarily live in the house.

When living in the house, stockholders pay the same for rooms and privileges as any nurse.

Nurses are charged one dollar and fifty cents per week for a bed or two dollars and fifty cents per week when rooming alone (furnished); unfurnished small room, two dollars. The rents are collected by the treasurer monthly, and all running expenses, such as gas, fuel, laundering of bed linen, house rent, housekeeper's salary, choreman's wages, and such incidental expenses in connection with housekeeping are paid from these. Any surplus money is banked. We do not board the nurses; they board themselves, either individually or (where there are two or more nurses rooming together) collectively, thus reducing board to a minimum rate. The marketing is done by the nurses themselves. We get better food than when paying for board "and have what we want." Saturday nights we have a baked bean supper, which costs about five cents each. Such times as Christmas or Thanksgiving all the residents combine, securing a very good dinner at a cost of not more than twenty-five cents each. We have no servants, but a working housekeeper. Nurses take care of their own rooms when "in," the housekeeper giving them a thorough cleaning once a week and a general supervision when the nurses are "out." Our object is not to make money, but to pay the debt due the stockholders as soon as possible and turn the concern over to the association. The registry is taken care of by the housekeeper. The

rates are low and the money is turned over to the treasurer—one dollar per year to residents and non-residents. If it be a registry call, the patient pays one dollar for each nurse procured. These fees are used for all the needs of the registry and to pay the rent of the telephone. There are no profits. I would advise any body of nurses to try this plan. The house has been running now harmoniously and paying expenses for six months. Remember, we do not aim to make money.

It is hoped that the association will be able to buy up some of the shares before very long.

A. DILLETT, Treasurer,
New England Hospital Woman's Club,
13 Dimock Street, Boston.

DEAR EDITOR: Our Christmas at the John Sealy Hospital, Galveston, Tex., was celebrated in true Christmas style. On Christmas Eve we decorated the main hall and stairway with holly and evergreens, and in each ward we placed a Christmas-tree. The patients assisted the nurses in decorating, and the trees looked very gay and bright in the pretty trimming—tinsel, balls, and popcorn. For each patient we had a bag of candy, some fruit, two handkerchiefs, and a cake of soap.

The morning of Xmas Day at about six o'clock the nurses met in the basement of the hospital and walked through the halls singing carols—"Hark, the Herald Angels Sing," "Joy to the World, the Lord is Come," and other pretty Xmas songs. The patients seemed to enjoy this part of the celebration very much, and especially in the colored hospital it seemed to be appreciated. At noon a turkey dinner was served with ice-cream for dessert. Nuts and raisins were passed around to the patients who could have such things. Everyone seemed to enjoy the day—patients, nurses, and doctors. The following lines were written by a patient in the charity ward:

"Though Christmas-tree and holly branch
Are far beyond my reach,
I wish to send my Christmas gift
To the nurses all and each,
Who, when I lay upon my bed,
A pauper patient in a pauper ward,
Did all they could to ease my pain
And looked for pay unto the Lord.

"To them I wish to send my thanks—
A small and foolish gift, 'tis true;
But from my heart it issues forth,
It's all that I can do.
I have no mines in which to toil,
For yellow gold to delve,
So all the Christmas gifts I have
Are Christmas thanks from number twelve."

M. M. T.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY



DRAFT OF A BILL FOR THE REGISTRATION OF TRAINED NURSES.—From the *British Journal of Nursing*, with annotations in italics:

TITLE.

AN ACT to regulate the qualifications of Trained Nurses and to provide for their Registration.

WHEREAS it is expedient that persons requiring nursing assistance should be enabled to distinguish qualified from unqualified nurses: Be it therefore enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. This act may for all purposes be cited as "The Nursing Act."

2. This act shall commence and take effect from the first day of October One thousand nine hundred and—

The name of the act as suggested by the members of the Society for the State Registration of Trained Nurses is comprehensive and exact.

CONSTITUTION OF GENERAL NURSING COUNCIL.

3. A council which shall be styled "The General Council of Nursing Education and Registration of the United Kingdom," hereinafter referred to as the General Nursing Council, shall be established as a body corporate by the name aforesaid having a perpetual succession and a common seal, with capacity to purchase and hold, sell, or dispose of property and land for the purposes of this act.

4. The General Nursing Council shall consist of:

Two persons to be appointed by his Majesty with the advice of his Privy Council, of whom one shall be a registered medical practitioner, and one shall be a nurse;

Two registered medical practitioners to be appointed by the General Council of Medical Education and Registration of the United Kingdom;

Six representatives of educational bodies, that is, the nurse-training schools, who must be actively engaged in the teaching of nursing, one to be elected for Scotland and one for Ireland;

Three past or present hospital matrons to be appointed by the Matrons' Council of Great Britain and Ireland;

One nurse to be appointed by the Queen Victoria's Jubilee Institute for Nurses;

One nurse to be appointed by the Royal British Nurses' Association;

Six nurses to be elected by the registered nurses resident in England and Wales;

Two nurses to be elected by the registered nurses resident in Scotland;

Two nurses to be elected by the registered nurses resident in Ireland; and of

A president, who shall be a registered nurse, to be elected by the General Council.

The nurses appointed as aforesaid shall be eligible to be, and shall in due course be, registered under the provisions of this act.

The constitution of this council is a matter of primary importance, because, as will be seen by reference to Clause 12 (the Duties and Powers of the Council), it is made under the proposed act the governing body of the nursing profession.

The essential principles incorporated in the formation of the council should be carefully noted.

In accordance with established custom, the government of the country must have representation on such a council; provision is therefore made for the appointment of two nominees of the Privy Council.

As the work of nursing is so intimately connected with that of medicine, due recognition is accorded to the right of the medical profession to representation on the council.

The educational bodies, the nurse-training schools, which have control over nurses during the probationary period, and will be responsible for preparing them for examination by a central board, have a right to help to define the educational curriculum adopted by the council.

Under this clause either matrons, medical lecturers on the theory of nursing, or sisters who are engaged in the practical instruction of probationers would be eligible.

Hospital matrons are given direct representation through the only organization of matrons,—the Matrons' Council,—thus securing to them a proportion of seats on the governing body, to which they might or might not be elected as representatives of educational bodies or as the direct representatives of the registered nurses.

The two chartered bodies of nurses, the Queen Victoria's Jubilee Institute and the Royal British Nurses' Association, are each accorded the right to elect a representative.

A most important principle embodied in the bill is the right accorded to the persons governed—i.e., the registered nurses—to select and elect ten representatives to sit on the council. Thus it is to a considerable extent elective, instead of being composed mainly of academic nominees. As such it must appeal periodically to the electorate, a form of constitution calculated to produce the most healthy and progressive tone in the governing body.

ELECTION OF REPRESENTATIVES OF EDUCATIONAL BODIES.

5. The six representatives of educational bodies shall be appointed by the Privy Council.

The only body with authority to discriminate between the diverse claims of the nurse-training schools to representation in the Privy Council, and the appointment of representatives of these educational bodies is accordingly placed in its hands.

ELECTION OF DIRECT REPRESENTATIVES.

6. The aforesaid elected nurses, who shall be termed "direct representatives," shall be elected in the first instance by the votes of such nurses as have been registered under the provisions of this act before the first day of January, 190—, and in future such elected members shall be elected by the whole body of registered nurses in such manner as the General Nursing Council, with the approval of his Majesty's Privy Council, shall from time to time determine.

7. The members of the General Nursing Council shall each be elected and appointed for a term of five years, and shall be capable of reëlection and reappointment, and any member may at any time resign his or her office by letter addressed to the president of the said council, and upon the death or resignation

of any member of the said council some other person shall be constituted a member of the said council in his or her place in the manner hereinbefore provided, but shall vacate office at the time the member whose place he or she has taken would have vacated office; but it shall be lawful for the council during such vacancy to exercise the powers hereinafter mentioned.

8. The appointed members of the General Nursing Council shall hold their first meeting within three months from the commencement of this act in such place and at such time as one of his Majesty's Principal Secretaries of State shall appoint, and shall make such rules and regulations as to Section 11, I. (d), as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and when such rules have been sanctioned by his Majesty's Privy Council nurses who are eligible under the said rules shall be forthwith registered.

9. In the absence of any rule or regulation as to the summoning of a meeting of the General Council, or in any case of urgency, it shall be lawful for the president to summon a meeting at such time and place as to her shall seem expedient by letter addressed to each member; and at every meeting, in the absence of the president, some other member to be chosen from the members present shall act as president; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight; and at all such meetings the president for the time being shall, in addition to her vote as a member of the council, have a casting vote in case of an equality of votes; and the General Nursing Council shall have power to appoint an Executive Committee out of their own body, of which the quorum shall not be less than three, and to delegate to such committee such of the powers and duties vested in the council as the council may see fit.

6. *We have defined the importance of these direct representatives in a previous column.*

7. *The term for which the General Nursing Council has been elected has been fixed at five years, as it was considered that this period was none too long in which to lay the foundations of and organize a legally constituted profession, and subsequently to secure continuity of business.*

9. *This section provides for the appointment of an Executive Committee, which presumably will be a small and active body authorized to deal with routine business.*

APPOINTMENT OF OFFICIALS.

10. The General Council shall appoint one of their number as treasurer. They shall also appoint a registrar, who shall act as secretary of the General Council; the General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this act; and every person so appointed by the council shall be removable at the pleasure of the council, and shall be paid such salary as the council shall from time to time think fit.

11. It shall be the duty of the registrar to keep a register of trained nurses, which shall be called "the Nursing Register," correct in accordance with the provisions of this act and the orders and regulations of the General Nursing Council, and to erase the names of all registered persons who shall have died, and from time to time to make the necessary alterations in the addresses or qualifications of the persons registered under this act.

The registrar performs her work in accordance with the provisions of the act and the orders and regulations of the General Nursing Council. Their pro-

professional register is therefore controlled by the registered nurses themselves. The importance of the right thus accorded to them cannot be overestimated.

DUTIES AND POWERS OF THE COUNCIL.

12. The duties and powers of the General Nursing Council shall be as follows:

I. To frame rules—(a) regulating their own proceedings; (b) regulating the issue of certificates and the conditions of admission to the register of trained nurses; (c) regulating the course of training and the conduct of examinations, and the remuneration of the examiners; (d) regulating the admission to the register of women already in practice as trained nurses at the passing of this act; (e) regulating, supervising, and restricting within due limits the practice of trained nurses; (f) defining the particulars required to be given in any notice under this act;

II. To appoint examiners;

III. To decide upon the places where, and the times when, examinations shall be held;

IV. To publish annually a register of trained nurses who have been duly certified under this act;

V. To decide upon the removal from the roll of the name of any trained nurse for disobeying the rules and regulations from time to time laid down under this act by the Central Nursing Council or for other misconduct, and also to decide upon the restoration to the roll of the names of any trained nurses so removed;

VI. To issue and cancel certificates.

And generally to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this act.

Rules framed under this section shall be valid only if approved by the Privy Council.

By carefully studying this clause it will be found that the General Nursing Council will be empowered to consider the present condition of nursing in all its bearings, and after due deliberation to define an educational curriculum, appoint examiners, and control the register of trained nurses.

PROVISION FOR EXISTING NURSES.

13. Any woman who, within two years from the date of this act coming into operation, claims to be certified under this act, shall be so certified provided (1) she holds a three-years' certificate of training from a hospital approved by the General Nursing Council and is of good moral character, or (2) produces evidence of training satisfactory to the council, and that, in addition, at the passing of this act she had been for at least three years in *bonâ fide* practice as a nurse and is of good moral character.

Applicants for registration must produce evidence that they are at least twenty-one years of age.

Under this clause the rights of nurses trained before the present standard of three-years' training and certification became general are safeguarded. Legislation involving rights of this kind is never retrospective, and it is provided that full justice shall be done to existing nurses who have been trained and engaged for three years in the bonâ fide practice of their profession.

FEES AND EXPENSES.

14. There shall be payable by every woman presenting herself for examination or certificate such fee as the General Nursing Council may, with the approval of

the Privy Council, from time to time determine, such fee not to exceed the sum of two guineas. All such fees paid by nurses in practice at the passing of this act and by candidates for examination, and all fines and penalties recovered under this act, shall be paid to the General Nursing Council. The said council shall devote such fees to the payment of expenses connected with the examination and certificate and to the general expenses of the council. The council shall, as soon as practicable after the thirty-first day of December in each year, publish financial statements made up to that date, showing the receipts and expenditure during the year and also the assets and the liabilities of the council at the aforesaid date, which statement shall be audited and certified as correct by an accountant who shall be a member either of the Institute of Chartered Accountants or of the Incorporated Society of Accountants.

15. All moneys payable to the council shall be paid to the treasurer of the council, and shall be applied to defray the expenses of carrying this act into execution.

16. There shall be paid to the members of the council such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the General Nursing Council.

The sum of two pounds and two shillings has been suggested as a maximum fee to be paid by candidates for examination and registration.

PENALTIES FOR PERSONATION OR SUBSTITUTION.

17. (1) From and after the first day of October, One thousand nine hundred and ———, any woman who not being certified under this act shall attempt to personate any nurse certified under this act, or who shall take or use the name or title of registered nurse or the abbreviation R.N. (either alone or in combination with any other word or words, or letters), or any name, title, addition, or description implying that she is certified under this act, or is a person specially qualified to practise nursing of the sick, or is recognized by law as a registered nurse, shall be liable on summary conviction to a fine not exceeding ten pounds, or in default thereof to three months' imprisonment.

PENALTY FOR OBTAINING A CERTIFICATE BY FALSE REPRESENTATION.

18. Any woman who procures or attempts to procure a certificate under this act by making or producing, or causing to be made or produced, any false and fraudulent declaration, certificate, or representation, either in writing or otherwise, shall be guilty of a misdemeanor, and shall on conviction thereof be liable to be imprisoned, with or without hard labor, for any term not exceeding twelve months.

PENALTY FOR WILFUL FALSIFICATION OF THE ROLL.

19. Any person wilfully making or causing to be made any falsification in any matter relating to the register of trained nurses shall be guilty of a misdemeanor, and shall be liable to be imprisoned, with or without hard labor, for any term not exceeding twelve months.

20. Any registered nurse thinking herself aggrieved by any decision of the General Nursing Council removing her name from the register of trained nurses may appeal therefrom to the High Court of Justice within three months after the notification of such decision to her; but no further appeal shall be allowed.

Where any person deems herself aggrieved by any determination of any court of summary jurisdiction under this act such person may appeal therefrom to the Court of Quarter Session.

17, 18, 19. *Penalties are asked for in cases (a) of personation and substitution; (b) of obtaining a certificate by false representation; (c) for wilful falsification of the roll, for the protection both of registered nurses and the public.*

20. *Ample provision is made under this clause for a nurse to appeal against any decision of the General Nursing Council for removing her name from the register.*

PROSECUTION OF OFFENCES.

21. Any offences under this act punishable on summary conviction may be prosecuted by authority of the General Nursing Council.

22. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person attending the sick for hire but who does not in any way assume to be a trained or registered nurse.

23. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease.

22. *Under this clause perfect liberty is secured to the public to employ and remunerate any person as an attendant on the sick so long as such attendants do not assume to be trained or registered nurses.*

23. *This clause provides that a registered nurse shall not assume the practice of medicine, but shall act strictly under medical direction in relation to the treatment and cure of disease.*

IN THE INTERESTS OF THE BILL FOR STATE REGISTRATION TO BE INTRODUCED AT THE PRESENT SESSION OF THE MARYLAND LEGISLATURE.—

To the Nurses of the State of Maryland:

Within the last month meetings were held in Baltimore to which all nurses in the State of Maryland were invited, resulting in the formation of a State Society of Graduate Nurses.

The general object of this society is to promote the welfare and uphold the honor of the nursing profession for the benefit of the public whom it serves, and its first step in this direction is the establishment of a standard of education, fitness, and ability, and through proper legislation and maintenance of such a standard. For this object a bill has been prepared by the society and submitted to the highest legal authority for revision. The substance of this bill, briefly stated, is as follows:

Prior to June 1, 1906, all nurses of good standing who answer to the following description may register without examination.

Graduates from all general hospitals giving a two-years' course; nurses having obtained an equivalent training in two or more hospitals; nurses graduated from special hospitals who shall obtain further training of one year in a general hospital; nurses graduating prior to 1897 from a general hospital giving one-year's course.

After June 1, 1906, a State examination will be required. Those then desiring to register as trained nurses must be twenty-three years of age, of good moral character; they must have received the equivalent of a high-school education, and have been graduated from a training-school connected with a hospital of good standing where three years of training and systematic instruction are given in the hospital.

The passage of this bill will not affect any persons nursing the sick who do not assume to be trained or registered nurses. It will, however, make it impossible for such persons to stand, as they do at present, on exactly the same

basis as the nurse who has given three years of hard work and study to obtain her profession.

It will make it impossible for the unqualified to assume that they are qualified, or for the unscrupulous to carry on freely a work which more than almost any other demands high character as a first requisite of those engaged in it.

The passage of this bill will be of importance, therefore, in protecting the nursing profession from the incompetent, ignorant, or unscrupulous to whom the work of nursing now offers a fair field with no restrictions. It is estimated that the number of untrained women (consisting to some extent of rejected probationers and dismissed pupils) who are actively engaged in the country is nearly three times as great as the number of regularly qualified nurses.

The chief benefit of this bill, however, will be to the public, in furnishing it with a means of discriminating between ability and incompetence; in supplying a guarantee that those who are known as registered nurses have furnished satisfactory evidences to the State of their fitness and ability to give efficient care to the sick. The passage of the bill must inevitably result in improvement in the education and training of nurses.

Those nurses who are anxious to uphold the honor and dignity of their profession, and to promote its usefulness in order that it may best minister to the needs of the community, should lose no opportunity to interest the public in what is really a measure of public importance. Most valuable help and support has been obtained in other States through physicians, patients, and friends, and no effort should be spared which can serve to make clear that for the safety of the people it is as important that a nurse should be able to show that she possesses the necessary skill, knowledge, and ability for her work as it is for a doctor, a lawyer, an engineer, or a pilot to do so.

The society in preparing this bill has done so with the hope of establishing such standards as will enable a nurse registered in the State of Maryland to command recognition and respect anywhere.

By order of the Board of Directors of the State Society.

SARAH F. MARTIN,

Superintendent the Robert Garrett Free Hospital for Children;

HELEN C. BARTLETT,

The Johns Hopkins Hospital Training-School Alumnæ Association;

ELEANOR PARKER,

President the Baltimore City Hospital Training-School Alumnæ Association,
Committee on Publication and Press.

COOPERATION AMONG DISTRICT NURSING ORGANIZATIONS.—In the early part of December an interesting conference was called in New York to consider the subject of district nursing and its problems and methods of service. This conference was under the auspices of the Philanthropic Committee of the Women's Conference of the Ethical Society, and interesting reports were read by Mrs. Hunter, a nurse attached to the Demilt Dispensary, by Mrs. Felix Adler, and others. Miss Lillian D. Wald, of the Nurses' Settlement, took an active part in the discussion, giving a resumé of the work done in the settlement; and there arose from the various reports and discussions an animated controversy in regard to the necessity of coöperation between the different organizations of the district nursing force, that there should be no overlapping in this kind of service and that all sections of the city should be carefully covered. As a result of this con-

ference a committee was appointed to provide, if possible, some means of more helpful coöperation between the various important centres of which Miss Wald and Miss Hitchcock were members.

The editor of *Charities* in commenting upon this conference says some good things in the interest of nurses, but we do not endorse the impression which he gives—that there is ever any unwillingness on the part of district nurses or any other nurses to work under the instruction of physicians. With this exception, the *Charities* comment is interesting, and we give it in full:

“Compared with utopian visions of the ideal commonwealth, the programme of the nurses is modest indeed; and yet the diligent and devoted nurse who goes in and out among the sick poor in her ministry of love is, of course, doing more to usher in the Kingdom of Heaven on earth than the prophet who predicts great commercial crises and industrial depressions and unemployment and hard times, and revels in his predictions; who flippantly charges that Christians pray that the Kingdom of God may come and vote against it; and who patronizingly hails the captains of industry and the organizers of trusts as promoters of socialism.

“The particular point of this discussion was the possibility of improving the present rather chaotic condition of district nursing in New York, which strikes us rather as a problem for administrative statesmanship and for mutual understanding among various agencies now partially occupying the field, than as a subject for joint debate. The long-standing controversy was reopened to some extent as to whether the district nurse is the doctor's nurse or the patient's nurse; whether the nurse is simply the absolute tool of the physician, doing what he directs and assuming no independent responsibility, or whether, on the other hand, nursing is a distinct profession, with its own legitimate sphere; whether, stating the issue in still another form, there is a place for the supervision of nurses by a superintending nurse, or whether all supervision should be from the physician in charge of each particular case. From one point of view it is a family quarrel with which the outside lay public is unconcerned; from another it is, however, of peculiar interest to the student of social evolution. What appears to be in process is the struggle for more complete recognition of a new and vigorous profession. It involves many subordinate issues. Regents' examination and registration of nurses is one of these—the New York law, which has recently gone into effect, being a distinct victory for the professional nurse. The possibility of raising the minimum standard of character and responsibility of the medical practitioners among the poor is another, which we specify with due fear and trembling, but with so much of courage, also, as is required to say it. There are, perhaps, among down-town physicians as high average standards as elsewhere, and certainly there are individual examples of professional skill, of personal integrity, and conscientious devotion which it would be impossible to surpass in the ranks of the medical profession. It remains true that there are some who are unfit and others who are unscrupulous. If district nursing had no other defence than that it mitigates somewhat the hardships of those of the sick who fall into the hands of the incompetent, the ignorant, and the dishonest practitioner, there would still be much to be said in its favor. A tactful nurse will, no doubt, even under such circumstances, preserve to some extent the fiction of working under the physician's direction; and those who can guide and prevent stupid blunders, and even prevent positive injuries, while still appearing to follow and to obey instructions, represent perhaps the flower of the nursing profession.”

EDITORIAL COMMENT



PROGRESS OF REGISTRATION

THE ENGLISH BILL.

WE give in the Miscellany an exact reproduction of the English bill for the registration of trained nurses in Great Britain, as it appeared with annotations in italics in the *British Journal of Nursing* under date of December 19.

It should be borne in mind that this bill is national in its scope. In comparison with the brevity and simplicity of our American State bills it seems complicated, but when one has separated the somewhat voluminous details of the constitution of the General Nursing Council from the paragraphs that deal with the actual registration of the nurses the important underlying principles will be found the same. The English nurses accept our title of R.N.—nurses to be registered must be graduates from training-schools *approved* by the General Nursing Council; registration is neither compulsory or prohibitory, but provides simply a means of distinguishing between the really trained nurses who desire protection and the untrained, and the balance of power is under the control of the nurses.

As each country or State secures the passage of laws providing for a legal status of education for nurses the chain of progress grows longer and stronger. When the English bill will have become a law it will embrace all of Great Britain at one superb bound. The United States needs to “keep a-hustling.”

THE MARYLAND BILL.

The bill prepared by the Maryland State Nurses' Association is also given in full in the Official Department. The standards of this bill, both preliminary and professional, are greatly in advance of anything asked for by the other States, and if the bill passes as it is drawn Maryland will lead in professional importance.

This is as it should be. We have said before each State as it comes into line should profit by what the other States have gained and “ask for more.” The little circular of information published on page 409 is the best comment that can be made upon it. We congratulate Maryland.

WHAT OTHER STATES ARE DOING.

Other reports found in the Official Department give some interesting facts in regard to progress of registration. In North Carolina the Examining Board is now getting into active operation, and the general tone from that State seems to be one of encouragement. We hear only the most favorable reports from Virginia. The leaders in the movement there seem to anticipate no interference with their bill before the Legislature, and feel confident that with their policy of going forward slowly and making their requirements for admission very easy in the beginning, they will have no difficulty in gradually establishing such a standard as they feel to be desirable. The report of the New Jersey State meet-

ing shows satisfactory progress. Massachusetts has framed a bill and is practically ready for legislation.

THE NEW YORK EXAMINERS.

The Board of Nurse Examiners of New York State have decided upon the qualifications for the registration of training-schools, both preliminary and professional, and have sent their recommendations to the Board of Regents at Albany. Having decided upon the educational requirements which it should recommend to the Board of Regents, the examiners will now be able to give their undivided attention to the examination of the papers of applicants for registration.

As yet no examination questions have been prepared, nor will any be needed until the June examinations for those applying for examination in practical nursing, of which an announcement was made in the October JOURNAL.

We wish to remind nurses again that the work of the examiners must be slow. In the first place, all of the examiners are engaged in some other occupation and cannot give their undivided attention to the work of the State.

The application papers are very tedious to examine. Some are badly written; many are imperfectly filled out, some applicants even omitting to mention the training-schools from which they have graduated. The great majority of the applicants are absolutely unknown to the examiners, as are also their endorsers.

ABOUT THE PHOTOGRAPH.

Many nurses have written to us to know if a photograph is really necessary. This is a requirement of the Regents' Office and must be complied with, but the cheapest kind of a photograph will answer. Those known as "postal" photographs—four for fifty cents—are being used by many nurses and are perfectly satisfactory.

EXAMINATIONS.

There still seems to be a good deal of misunderstanding on the part of nurses as to what registration really means, and what mode of procedure is necessary, and perhaps it is not strange that many should find the subject difficult to grasp. A more careful study of the bills by the different alumnae associations in all of the States would clear the fog from many minds.

First let us remind our readers that registration will not prevent any woman from continuing to do nursing. It will only prevent her from *using the title* R.N. without registration.

Second, graduates from recognized training-schools are not required to pass an examination provided they apply for registration within three years from the passage of the bill, which will be April, 1906.

Third, nurses who have had three-years' experience in a general hospital where there was no training-school before the passage of the bill are not required to pass an examination.

Fourth, nurses who have been in the actual practice of nursing for three years before the passage of the bill may be registered by passing an examination in practical nursing before April, 1906.

If our readers will turn to page 53 of the October number of the JOURNAL they will find in the report of the first meeting of the examiners issued from the Regents' Office the following:

"The test in practical nursing will include both a practical demonstration and a written test involving the care of febrile cases, of patients before and after an operation, of the mother and new-born babe in normal and abnormal obstetrical cases, of treatment of emergencies, and a knowledge of drugs with regard to toxicological symptoms and treatment after poisonous doses. Male nurses will be examined on genito-urinary work as a substitute for obstetrical cases.

"The practical demonstration will be conducted by a member of the Board of Examiners, who must recommend the applicant for admission to the written test. Both practical demonstration and written test will be held on the dates and at the places prescribed for Regents' examinations in the other professions,—viz., at New York, Albany, Syracuse, and Buffalo, June 21, 1904, January 24, 1905, June 20, 1905."

Up to this time, as we have already stated, the chief work of the examiners has been in studying the curricula of the training-schools applying for registration, and deciding upon what would seem a just minimum requirement for all schools. This work having now been completed, more time will be devoted to the individual applications for registration, and later on to the preparation of the examination questions for the examinations that will take place in June, as stated above. Remember that these examinations are *not* for graduates from recognized schools, but are for men and women whose knowledge has been gained from experience, who desire to prove their fitness for recognition as registered nurses. These examinations will doubtless be of a very simple, practical character.

The whole plan for registration of both training-schools and nurses is based upon what has been done when the other professions were first registered. The idea is to begin with very low standards, that schools not doing good work may have an opportunity to come up, and that all honorable men and women who are earning their living by nursing may not be unjustly deprived of their occupation; then, little by little, as the years go on, the requirements for the schools will be raised, and in this way nurses will be better and more uniformly educated.

CIVIL SERVICE COMMISSION RECOGNIZES REGISTRATION.

The new rules of the Civil Service Commission of New York, issued under date of December 4, 1903, contain several interesting changes that are of importance to nurses. Under Rule XVIII.,—the non-competitive class,—Section 4 reads, "For the position of trained nurse, when the applicant is a *registered nurse*, under Chapter 293 of the Laws of 1903 a certificate of such registry may, when presented, be accepted in lieu of the examination required herein," etc., and "nurses" are in the non-competitive lists for "positions in Bellevue and allied hospitals" and for "positions in the hospitals for contagious diseases."

We understand that Miss Delano and Miss Gilmour were quietly instrumental in securing this recognition of the registration law by the Civil Service Commission, and in placing trained nurses in the non-competitive list. There will be work of this kind to be done in all States and cities where laws have been passed. Our experience has been that politicians are usually very practical men, quick to see the common-sense side of any question, and ready to listen to intelligent explanations when reasonably presented. It is difficult for the initiated to keep pace with the strides that nursing affairs are making just at this period, and if we expect laymen to give nurses the recognition we are working for, it is our business to see that they understand what nurses want.

TUBERCULOSIS EXPOSITION IN BALTIMORE

THE Tuberculosis Exposition held in Baltimore during the week commencing January 25 included, in addition to the exhibits, a most interesting programme, in which many of the leading specialists in tuberculosis research took part. Among the subjects considered were house infections, tuberculosis in cattle, tuberculosis in animals, the restrictions of tuberculosis, home treatment, etc., etc. The work of nurses was given a recognized place. Miss M. A. Nutting, of the Johns Hopkins Hospital, one of the original committee, made some investigations with regard to house-to-house visiting of tuberculosis patients by nurses, and these reports, with some interesting photographs, were included as part of the exhibit. Miss Nutting has been from the beginning a fervent believer in the house-to-house method of caring for tuberculosis patients, and the data which she will have collected and exhibited at the congress will be the first report of the work of nurses in the prevention and care of tuberculosis patients that has been made in this country. Miss Nutting has promised this material to the JOURNAL, and we hope to be able to give it to our readers at an early date.

THE BERLIN CONGRESS

THIS number of the JOURNAL contains in both the Official Department and Miscellany announcements of the preparations that are being made for the Berlin Congress. There is no doubt but that a large number of nurses are going over from this country, and as the time draws nearer the interest is increasing. Miss Thornton already has promises of at least a party of fifty, and, of course, there are great numbers of nurses who cannot be sure of getting away until later in the season.

We shall be able in a later number to give something more in detail of the programme of the International Congress of Nurses, papers to be read, etc., etc., with perhaps some idea of the amount of entertainment to be expected.

There is such inspiration to be gathered from such conventions, that no one should miss the opportunity who can possibly arrange to go.

It is more than probable that the date of the meeting of the Associated Alumnae will be changed to some time in the early half of May, so that members from the South and West can attend the convention in Philadelphia en route to New York, from which point the party will sail.

THE PENNSYLVANIA MEETING

WE give a very brief outline of the programme of the Pennsylvania State meeting in the Official Department, and we give here a few sentences from Dr. McAllister's address. The nurses were the guests of the Academy of Medicine, and judging from the tone of the address we would infer that the nurses of that State might feel quite sure of the support of the medical profession with the Legislature. Dr. McAllister said in part:

"We are flattered that you have come to our city and that you have chosen our building and our home as your convention place (the Academy of Medicine). It is proper that our home should be your home; you are an essential part of the medical profession; doctor and nurse are both essential to the welfare of the sick. We have the same objects in view—the relief of the sick and suffering and the teaching and enforcing the laws of hygiene and cleanliness. The science and art of medicine and the art of nursing should go hand-in-hand, for it is

undoubtedly true that the results of the physician have greatly improved with the help of the trained nurse, and our gratitude and praise are due her. Therefore as a fellow-worker we welcome you.

"It is right that the nursing profession should have organization. It is as necessary as organization in the medical or other professions. It is not selfish to promote harmony, efficiency, and raise the standard of the profession, and in so doing protect the public. Any legislation in the interest of the art of nursing is also in the interest of the people dependent upon it. I believe it the duty of every competent nurse to be a member of the body and to assist in promoting the law of registration, which is for the protection of the public and for the benefit of the nurse. I can assure you of the earnest support of the medical profession of Harrisburg in your effort to make more useful your profession."

HOSPITAL OF THE ST. LOUIS EXPOSITION

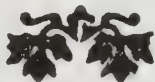
WE are having many letters of inquiry from nurses at a distance asking for information in regard to the service of the St. Louis Exposition Hospital during the coming summer. We are able to state upon official authority that the Nursing Department has not been organized, and probably will not be before the first of April. We are promised an outline of the plan upon which the nursing is to be conducted, which will be published for the benefit of our readers in a later issue.

MATRON TO GO TO SYDNEY

WE want to call the attention of hospital women to the advertisement in the Training-School department for a matron, or, to use our more familiar title, superintendent of a training-school, for the Royal Prince Albert Hospital at Sydney, New South Wales. Here is an opportunity for some able woman to introduce our American system of training into Australasia, and at the same time widen her own horizon. Applications, to reach London before February 28, must be sent quickly.

NURSE TO SPEAK ITALIAN

IN the development of a special branch of work at the Henry Street Settlement, New York, a nurse of the highest grade is needed who speaks Italian.



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NURSES' WORK IN MILK STATIONS

BY GEORGE W. GOLER, M.D.

Health Officer, Rochester, N. Y.

IN 1882 the city of Rochester, N. Y., with a United States census of eighty-five thousand people, had six hundred and ninety deaths under five years of age, or 37.5 per cent. of the total deaths from all causes during that year. In 1892, ten years later, there were nine hundred and sixty-eight deaths in children under five years of age, or 36.5 per cent. of the mortality from all causes for that year. Between these periods the deaths had varied, the yearly average of the death-rate under five years of age being a little under thirty-five per cent. for the ten-year period. As Kipling says, "the earth spawned humanity as it bred frogs in the rains, and the gap of sickness and death of one season was filled to overflowing by the fecundity of the next."

In the sixteen years between 1881 and 1896, in this city with an average population of one hundred and twelve thousand people, eleven thousand five hundred and thirty-eight children under five years of age died of various infantile diseases. The percentage of infantile mortality during that period was more than thirty-three per cent. of the deaths from all causes. Think of it! More than one-third of all the deaths during sixteen years occurred in children under five years of age. What was the cause of all these deaths? Why were there each year so many deaths among little children? Was our city the exception? No, the numerous infantile deaths in other cities prove that elsewhere—in cities big with population and in those of small numbers—the babies died quite as numerously and in some places more frequently than in our own city.

The main reason for all these deaths is not difficult to find. Of course, the stuffy air of living- and sleeping-rooms, the ill-cared-for

bodies, the lack of water both within and without the body, among other things, are somewhat responsible for these deaths. But these and any other causes for this great mortality, for the numbers of ill-developed children who grow to maturity, all pale into insignificance before the main cause, the dirty milk supply of our cities. If a child is brought up as it should be by its mother, under the guidance of a physician who will insist that no other way but the nature-given way is at all to be considered in feeding her child, then her child will escape the greatest dangers to which it can be subjected during its first months and years of infant life. But if, instead of the duties to her child, the duties of society are allowed to come before the maternal duties, then the child must be exposed to dirty milk, the greatest danger of its early life period.

Smallpox may be protected against by vaccination, diphtheria by antitoxin, other contagious diseases by isolation and quarantine, but no virus of cleanliness has yet been discovered with which to inoculate the duty of cleanliness into the milk farmer and the milkman, so that the milk supply of people of average means may be clean at its source and through its various channels of distribution. Most household commodities may be washed,—meat, vegetables, even shell-fish,—but no process of washing can clean milk once it has been fouled by dirt from the barnyard and other sources. Of course, people will tell you that the doctor says, “Better sterilize or Pasteurize the milk.” Look at such a proposition from all points, and then decide whether you would advise a mother to feed the dirty milk of commerce treated in this way to her own child, and when you have so decided, let your decision be upon this basis and upon this basis alone: would you knowingly feed such a mixture to your own child? If milk is clean, it needs no such process to clean it; if dirty, the danger is only minimized by Pasteurizing or sterilizing.

The chief source of much of our milk supply is from the barn of the small farmer in the country. His barn is more often badly drained than not. Cobwebs usually festoon the walls and sides of the cow-house. The water supply is such that it does not enable him to properly clean his milk-cans and other utensils. Not infrequently his cattle are fed on insufficient food and food of poor quality. Not a small percentage of the cattle are in low health, and not a few of them are affected by tuberculosis. The man who cares for the cattle, milks them, cleans the cans and utensils, and distributes the milk has not been educated in even the first principles of cleanliness. The difference between the conduct of an ordinary milk-farm and that of an operating-room in a good hospital is quite as marked as the difference between the cleanliness observed in an

operating-room in a good hospital at the present time and the operating-room of twenty-five years ago. Upon the cleanliness of our milk supply throughout the country depends the lives of thousands upon thousands of children. Why should not the conduct of milk farming and milk distribution be carried on with the same care as is exercised in the twentieth-century operating-room? If there is a career for the trained nurse in the hospital, why is there not a career for her as a milk-farmer?

But if the source of the milk supply is so dirty, why not feed condensed milk? Have you ever thought that if the source of the ordinary milk supply—because it must be kept sweet in order to be sold—is as it has been described, what the conditions are under which the milk is found that is collected to be condensed? Is it to be supposed for a moment that the men who collect milk to be condensed exercise even the same small care in collecting that milk that the milkman exercises in collecting the milk to be sold from a wagon or store? If milk is dirty, neither Pasteurizing, sterilizing, nor condensing will remove all of the dangerous sources of contamination. Such milk, while it may not contain living germs, still contains their dead and disintegrated bodies, together with certain poisons, toxins and ptomaines, excretions of the dead micro-organisms that have been killed by heat and which bear the same relation to the dead bacterial bodies that urine, fæces, and sweat bear to our bodies. Putting the facts in another way, it is as if the reservoirs from which our water supplies are drawn had myriads of dead bodies floated through them, and then to purify the water it was to be sterilized by heat. Such a process would minimize and in some measure destroy the deleterious substances in the water, but who would care to drink the water, or recommend it as a good water supply for little children? What has been said of condensed milk may be repeated for the milk collected to go into the so-called milk foods. Again, milk treated by heat up to the Pasteurizing or boiling point has its constitution changed—its curd made tougher and more difficult of digestion, especially for little children.

It is mainly for the above reasons that the natural feeding of children should be insisted upon. Failing in this, a more careful, systematic inspection of all city milk supplies should be thoroughly carried out under municipal, State, and national inspectors, so that the mother compelled to use such milk, either through lack of education or failure of the maternal milk supply, should be enabled to get a milk having not only its proper food value, but an absence of excessive amounts of cow-manure and other dirt.

How may this be done? In most cities the municipal milk inspec-

tion of to-day provides for a standard of food value in the milk supplied to the people. In some of the smaller cities there is also an endeavor to provide for the inspection of the home and nearby sources of milk supply; but when, in a city like ours, milk comes from even sixty-miles' distance, the difficulties attending inspections by the city inspectors are at once manifest. When, as in New York City, the milk supply comes from some five other States, the difficulties attending the inspection of milk at the source of its supply by the municipality are insurmountable.

In our own city the most we can do to prevent dirty milk is to place a standard of cleanliness upon the milk coming into the city and to inspect the outlying dairies within driving or easy railroad distances. We attempt a standard of cleanliness by counting the bacteria in from three hundred to five hundred samples of milk each year. In practice it is almost impossible to get milk absolutely free from bacteria. Milk well cooled, containing less than one hundred thousand bacteria per cubic centimetre at the time of its collection, is considered good milk. This standard we have tried to insist upon for our city during the past four years.

In the large cities grocery milk and milk from dirty dairies contains from five million to one hundred million bacteria per cubic centimetre. In our city our attempt to maintain a standard of cleanliness has resulted as follows: Prior to 1900, eighty-six samples of milk showed an average of eight hundred and thirty-seven thousand bacteria per cubic centimetre, excluding twenty-six per cent. which contained over five million bacteria per cubic centimetre. In 1900, three hundred and nineteen samples of milk averaged seven hundred and ninety-six thousand bacteria per cubic centimetre, ten per cent. contained over five million bacteria per cubic centimetre, and fifteen per cent. contained under one hundred thousand bacteria per cubic centimetre. In 1901, two hundred and eighty-seven samples averaged two hundred and seventy-five thousand bacteria per cubic centimetre, nine per cent. contained over five million bacteria per cubic centimetre, and twenty-eight per cent. contained under one hundred thousand bacteria per cubic centimetre. In 1902, five hundred and thirty-one samples averaged two hundred and fifteen thousand bacteria per cubic centimetre, six per cent. contained over five million bacteria per cubic centimetre, and thirty-four per cent. under one hundred thousand bacteria per cubic centimetre.

In connection with these examinations more than four thousand samples were examined to determine the food value of milk. Stables and dairies within easy driving distance are frequently inspected and directions given for the order and maintenance of such places.

But of all this work the public is mainly ignorant, as it mainly is of the necessity for feeding clean milk to little children. The public, therefore, needs to be educated. This we attempted to do when in 1897 a municipal milk station was established in a most populous section of the city under the direction of Miss Annie E. Kennedy, then a pupil nurse of the Rochester City Hospital. The station was fitted out in a vacant store, where counters, shelving, refrigerators, hot and cold water, and all the necessary utensils for bottling milk for children's use were provided. Here in our ignorance we at first secured milk from a farmer whom we deemed reliable and subjected the milk to a Pasteurizing process. The milk was put up in nursing-bottles of various sizes and in various dilutions and sold to mothers at the cost of the milk, the bottles selling at from one-half cent to one cent per bottle. The milk was so prepared and cooled that when the mother secured the milk the only thing necessary for her to do was to put a nipple over the bottle and feed her child. At the stations little books published in English, German, Italian, and Hebrew giving the salient features of infant feeding were distributed free of cost. The text of this book may be summed up in the following: **TO KEEP A BABY WELL:** (1) Give it pure air day and night; (2) give it no food but mother's milk, milk from the bottle, or food directed by the physician; (3) give the baby water; (4) be sure that it gets enough sleep—two naps during the day at least; (5) do not put too much clothing on it; (6) bathe it in a tub every day; (7) don't handle it, let it alone.

We sought at the station to teach the mother with a hand-fed child to feed her child according to weight and not according to age. Weight indicates the stomach capacity of the child. To this end the station was provided with a scale, and in the absence of directions from a physician, the nurse weighed the baby and prescribed a food formula for it according to its weight. At the station beds of cheese-cloth stuffed with excelsior were for sale at cost. Nipples, bottle brushes, and small tooth-brushes were also for sale at cost. With the little booklet for a guide, the nurse talked to the mother about the care and feeding of her child, and to this work much of the success of the first year was largely due. At the beginning of August of the same year another station was opened in charge of a nurse from St. Mary's Hospital. At the end of the season about eight thousand bottles of milk had been distributed, and, more than this, much-needed information had been given by the nurses to the mothers who came to the stations. At the close of the year it was found that two hundred fewer children had died than in the year before. The following year two other stations were opened in charge of nurses from the Homœopathic and Hahnemann Hospitals.

It is now six full years since the summer milk stations were first established. Each one is in charge of a trained nurse from one of the city hospitals. Three years ago we stopped Pasteurizing the milk. Instead of having the central station in the city, we now have a portable milk laboratory on a farm in the suburbs. Milk collected and prepared at this farm, under the supervision of Miss Kennedy, contained less than fourteen thousand bacteria per cubic centimetre, while city milk during the same period approximated two hundred and thirty-five thousand bacteria per cubic centimetre.

During the six years that this work has been carried on the mortality in infants under one year of age has fallen sixty-five per cent., and the mortality in infants between one and five years of age has fallen fifty-eight per cent., below the mortality for the six years prior to the time this work was begun. For the same period the mortality of infants under five years of age has fallen from twenty-eight per cent. of the total mortality from all causes to 19.8 per cent. of the total mortality from all causes. Putting the facts in still another way, from 1897 to 1902 there were one thousand six hundred and twelve fewer deaths in children under five years of age than in the period from 1892 to 1896.

Comparing the mortality of our city with nine other cities in the State, it is found that the percentage of mortality in children under five years of age for the six years from 1897 to 1902 is for these cities as follows: New York, thirty-seven per cent.; Brooklyn, 36.1 per cent.; Long Island City, 34.7 per cent.; Albany, 21.5 per cent.; Yonkers, 37.4 per cent.; Troy, 22.7 per cent.; Utica, 23.9 per cent.; Syracuse, 23.1 per cent.; Buffalo, 32.3 per cent.; Rochester, 19.8 per cent.

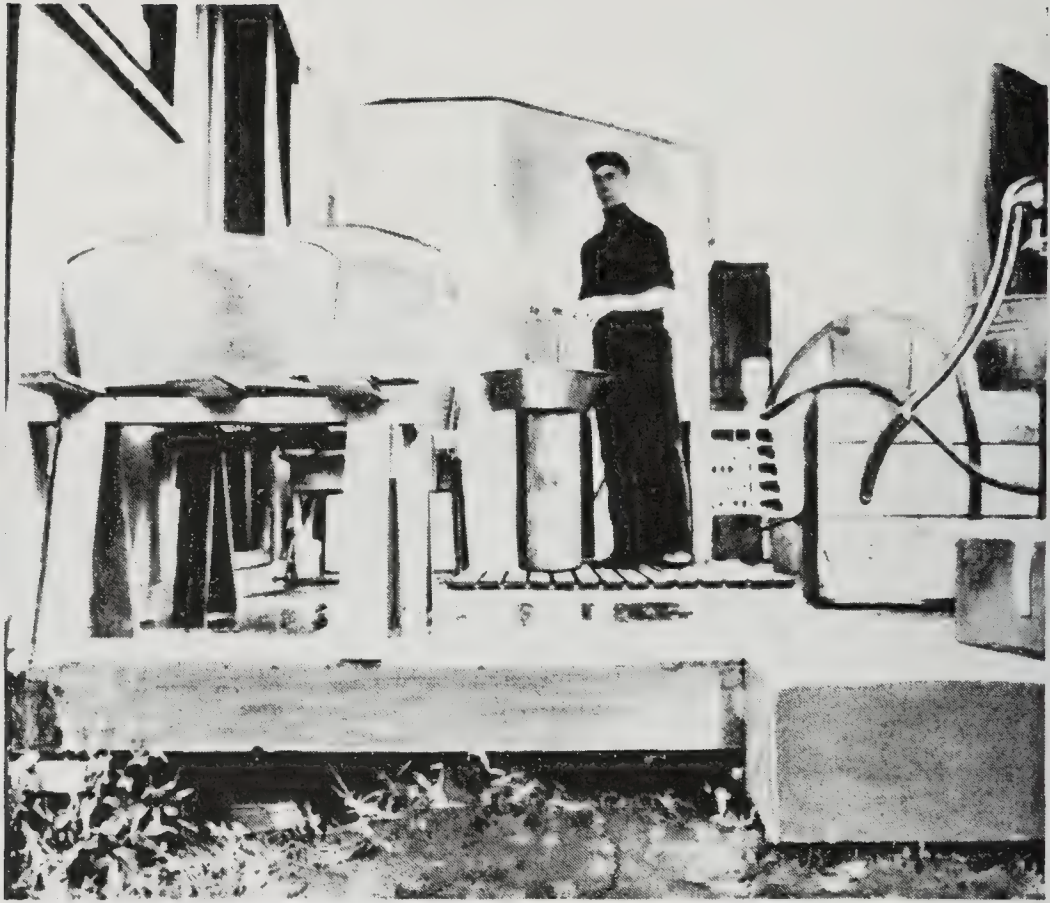
This work is not dependent upon the amount of milk sold; its success is largely due to an improved system of milk inspection, to a bacterial standard for the city milk supply, and to the work of the nurses in the summer milk stations established under the auspices of the Rochester Health Department. These stations are only conducted during the months of July and August. We need at least one station open the year around, for in the winter milk is at its dirtiest, and while children are not affected to the same extent by dirty milk in the winter as they are in the summer, yet dirty milk always has its influence upon the health of every patient to whom milk is given. Remember this: The next time the doctor says, "Put the patient on a milk diet," look at the milkman, his wagons, cans, utensils, ask him where he gets his milk, and if the outward appearances of the milkman and his outfit are not all that you think they ought to be, tell him so, and if he doesn't improve, seek another and a cleaner-looking man and wagon.



THE FARM



THE FARM LABORATORY



MY FAITHFUL HELPER



WASHING CANS AND BOTTLES

FROM THE NURSES' STANDPOINT

BY ANNIE E. KENNEDY

Graduate City Hospital, Rochester, N. Y.

IN the summer of 1897 I had assigned to me the care of the first milk station in Rochester. At that time the city did not have its own milk-farm, but had the milk furnished from a herd of cows which was under the supervision of the Health Department. This was brought to the station and prepared after a certain formulæ, either sterilized or Pasteurized (one of our nurses once wrote it "Pastorized," and when the staff doctor made the discovery he smilingly said, "Miss —, this must be a clerical preperation"). In addition to the preparation of the milk, I was supposed to give advice to the mothers in regard to the care of the children, which was not always accepted in the spirit in which it was given. One father who came for advice, after listening to my instructions, coolly informed me that he had raised nineteen children, and probably knew more about their care than he could find out from me.

A mother was worried about her baby, who had cholera infantum, and when I asked her what she had fed it, she said, "Well, we give him a little of whatever we have," which I found out was pork sausage, sauerkraut, bread, etc., and also that he was "very fond of beer."

Who could wonder that the child vomited and had bowel trouble?

At the close of the first season I had some misgivings as to the amount of good that had been accomplished, but on reopening the following year, 1898, found that the mothers had taken a deeper interest in the benefits of the station than I was aware of. For example, the percentage of children sweltering in woollen clothing in July was much less than during the first year, and bathing was more widely practised.

The same year the Health Department established three milk stations, and in 1899 added one. In 1900, 1901, and 1902 it seemed necessary to increase the number of stations to five in order to cover the territory where so many children were in need of the care. The work was interesting, and there were many amusing incidents to brighten the tedious hours.

In 1903 the Health Department of Rochester assumed control of the milk-farm, about three miles out of the city, where fifteen cows were kept. My duties consisted in superintending the cleanliness of the stables, cows, and men during the milking process. This necessitated my rising at four o'clock every morning, rain or shine. The strainers and all utensils used in the preparation of the milk for the sub-stations had to be sterilized and ready for use as soon as needed. About one hundred quarts of milk were sent out daily from this farm, in four,

five-, seven-, and eight-ounce bottles. There was no small amount of bottle washing, in which I was ably assisted by "Nathan," my cheerful "right hand," who likewise proved my guardian by day.

When the labors of the day were ended I was usually glad enough to turn in to my tent, where, like Robinson Crusoe's, "my right there was none to dispute."

By my bedside on the table lay a loaded six-shooter, while outside the door reposed a huge black dog with a bark like a megaphone, but, let a peal of thunder or the report of a pistol arouse him, and he would be "absent, but not forgotten." No; it would be very hard to forget his cowardly acts.

A summer thus spent on the milk-farm, from July 1 to September 1, proved a pleasant and interesting diversion from the general routine of private nursing.

THE CARE OF THE BABY'S CORD

By RUTH BREWSTER SHERMAN

Graduate Nurse of the Johns Hopkins Hospital

To THE graduate fresh from her training-school the treatment of the umbilical cord may seem a simple matter leading to an unvarying result. So, to a certain degree, it is; and in this case, as in all the rest of our work, we can say with the proverb, "Blessed is the nation which hath no annals;" but it will also often happen that a nurse who does much obstetrical work will find something new to learn about the cord from each baby under her care.

A very common dressing is the square of powdered linen with a hole in the centre. But with even the most careful sterilizing these will become slightly stiffened and the powder is apt to be lumpy or to collect in the folds of the linen. Much better results are obtained by powdering the whole stump of the cord thickly with sterile boric powder and wrapping it in sterilized absorbent cotton, padding well around the base and between the cord and the abdomen before the band is pinned on. This dressing stays in place better than the linen and is more comfortable against the skin; also, it better absorbs the natural moisture of the "jelly," as will be seen by an examination of the cotton on the first occasion of a change. To insure the sterility of the powder and avoid the necessity of handling it, a nurse who takes many obstetrical cases will find it helpful to carry with her a small glass or tin box with a



MY PROTECTOR

perforated top, or an ordinary small kitchen salt shaker, which can be filled with powder and sterilized with the rest of the obstetrical dressings.

We are past the days when hunger and colic were almost the only causes assigned for a baby's crying. We now think of an over-full stomach as well as an empty one, of thirst or sleepiness, heat, cold, damp or disordered clothing, cold feet, or a cramped position. We might well add: think also of the cord when seeking the cause of persistent crying. Remove band and dressing, powder the stump and put on plenty of fresh cotton, change its position slightly on the abdomen, powder and rub gently the whole surface of the body to be enclosed in the band, and then replace the band just closely enough to hold the dressing in place—and the chances are ten to one that you will have a quiet, comfortable baby instead of a screaming one. No nurse who appreciates the baby's feelings will make the old mistake of a too-tight band. Remember its only object is to protect the dressing; remember too how easily it wrinkles and chafes the sensitive skin, and how distressing on the tender little body must be the pressure of the cord and its dressing when there is the least compression, especially if the cotton becomes damp or stiff or bunched! Attention to these details at night also increases the probabilities of a quiet sleep.

As the cord separates and the bundle of fibres holding the dried stump to the body grows more and more slender, daily care must be taken that powder and cotton are both applied well under the separated edges, quite to the inmost surfaces, where they are now especially needed. The baby may now be fretful for two good reasons: the stump is by this time so dry and harsh that any contact with the delicate skin is irritating, and it is so loose that it easily slips out of position and puts a strain on the small bundle of fibres which holds it to the body.

Two authorities on the care of children have recently remarked that whether the cause be natural or a fault in treatment, cords remain on longer now than formerly. Many nurses find in private practice that they remain on considerably longer than hospital experience led them to expect—until the eighteenth or nineteenth day or more. I lately nursed a baby the stump of whose cord was cut away on the twenty-first day by the doctor, who expressed a belief that if let alone it would not have fallen off for another month. The remaining small wound, antiseptically treated, healed in a few days. The mother said that the same thing had happened with an older child, in whose case the stump had been severed from the body, she said, with a cautery.

Powder and cotton are necessary over the navel for a few days after the cord drops. One doctor I know uses iodoform at this time. It is always a welcome day when we can dispense with these and the flannel

strip, and use the soft woven band with buttoned shoulder-straps and flaps for pinning to the diaper, or, with a summer baby, no band at all.

Slipping of the ligature, with resulting hemorrhage, is an accident which I am thankful to have seen only once, either in or out of hospital. My first baby patient in private work was born in intensely hot weather, but during the first day her hands suddenly became blue and cold. Quick investigation revealed the cause, apparently between one and two drachms of blood having just been lost. The cord was retied with bobbin dipped in formalin, the baby put to bed, thoroughly warmed, and no harm followed.

One who reads much will meet varying advice on the best way of treating the cord. The *New York Medical Journal* two years ago quoted a foreign article recommending alcohol and urging in its favor (1) that it causes the watery elements to be rapidly absorbed, with resultant quick drying of the stumps; (2) that through the disinfecting properties of alcohol infection is prevented, and (3) that the method is painless. A firm of manufacturing chemists, which makes a specialty of all articles needed in obstetrical work, has issued a pamphlet called "Hygiene in Maternity," in which, among excellent directions for the care of her patients, the nurse is told to wrap the cord in "a pad of absorbent cotton soaked in alcohol or boracic solution." One cannot, however, do better than to read the following extract from the "Obstetrics" of Dr. J. Whitridge Williams, from whom I learned this plan, for while many physicians give definite orders on this point, there are also many who care not at all what particular method a nurse uses so long as she gets good results—a thriving baby and a clean, healthy navel.

Page 315: "Formerly the care of the cord was considered a very trivial matter, and the midwife, as a rule, would wrap it in a piece of greased or singed linen, after which little or no attention was paid to it. This practice, and the total neglect of aseptic precautions, frequently resulted in an infection which was transmitted through the umbilical vessels, and from which in times past great numbers of children have perished. Even now umbilical infection is not of infrequent occurrence, and it may be stated as a general rule that whenever children die without any appreciable cause within a few weeks after birth, such an infection should be suspected and can usually be demonstrated. In view, therefore, of the not inconsiderable danger of infection from this source, strict aseptic precautions should be observed in caring for the cord.

"After the bath the stump of the cord should be thickly sprinkled with powdered boric acid and covered with a pad of sterile absorbent cotton held in place by a flannel bandage. If the child does well, this dressing need not be changed for some days, unless it becomes moist or

soiled. On removing it the cord will usually be found completely separated, otherwise a similar dressing should be reapplied. I have obtained very satisfactory results with this method of treatment, although in some cases it appears to prolong unduly the separation of the cord. After the cord has sloughed off the granulating umbilicus should be treated in the same manner, and the child should not receive another tub bath until it is completely healed, nor should the umbilical dressings be contaminated.

“In 1900 Dr. W. M. Dabney, one of my assistants, performed a series of experiments in the hope of determining the best method of dealing with the cord. He treated several series of cases, respectively, with the following dressings: boric acid, salicylic acid, a mixture of salicylic acid and starch, and a wrapping of silver foil. So far as he could see it made no difference which method was employed, provided the dressings were sterile. In still another series of cases he applied an occlusive dressing of liquid celloidin and absorbent cotton, but found that under such circumstances the cord was kept unduly moist and separation was perceptibly delayed.

“During the past few years this question has given rise to a great deal of discussion. In 1899 Dickinson recommended that the cord be completely excised where it joins the abdomen, its vessels ligated, and the wound closed by sutures. In 1900 Martin recommended that the cord be ligated close to the abdomen and cut through with red-hot scissors. Porak and others advocate compression of the cord by powerful forceps. But to my mind these procedures offer no advantage over those already in use, the important point in the treatment being not so much the method employed as the avoidance of infection by the most rigid adherence to the principles of asepsis.”

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS *

BY LILIAN D. WALD

THE treatment of disease among the poor assumes grave importance when regarded from its social, economic, and moral aspects, as well as its purely therapeutic one. The proportion of people made dependent upon the community, in the first instance, through illness, the economic waste of unhygienic and physically demoralizing conditions, and the certainty that much of the result could have been prevented are powerful

* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.

arguments for bringing our social zeal to intelligent study of the part we are to play. That the world has profited in the past by the application of science to the elimination of wholesale ravages from certain diseases, such as typhus, smallpox, etc., are indications of the further progress we may expect. Interference by the State with child labor, provision for play and outdoor exercise, and vigilant inspection of food supplies and so forth, are examples of the general recognition of the social significance of having a well community.

The point of view for the beginner is important: a charity visitor should know that many diseases, some of them repulsive in character, are due to defective unhygienic environment and impoverished constitutions, quite beyond the individual's power to control or to escape from, more frequently than to those causes for which the individual could be held more directly responsible, such as intemperance, moral obliquity, ignorance, etc. There are numerous complications that enter into the purely professional aspect in practising among people who have not economic resources. The absence of conventional etiquette, the quick emotionalism, the difficulty of adjusting and adapting the needs—often the whims—of the patient and the patient's friends to reasonable or arbitrary regulations of institutions of an eleemosynary character, any one who has had experience can testify to. On the other hand, rightly used, the opportunity to establish satisfactory relations with the family when illness has been the occasion of summoning the visitor cannot be equalled.

WHEN AND HOW TO GET A DOCTOR.

Let us assume that you have been called to a family where there is illness. In my opinion, all investigation should be postponed until inquiry relevant to the patient has been made and you have shown that you are ready to listen to the history of the ailment and are desirous of securing relief for the patient. Questions must be asked to enable you to find out what medical care has been given. It would probably be an unusual thing, and quite accidental, that a non-professional should be called to a case requiring instantaneous action, as an emergency case from the hospital point of view alarms a neighborhood and something has happened, usually numerous somethings, before the charity visitor can be reached. But a charity visitor might be called where there is distinct illness and where no medical attention has been given. The first action would be to sit down to hear the recital of the patient, or, if the patient is too weak to give it herself, of some one person who may possess calmness and intelligence. The family physician among the very poor is rarely known, but in the foreign quarters the lodge doctor, the benefit society doctor, or the club doctor take his place. If the patient has had

no physician, find out if there is such connection, remembering to ask under what conditions he may be called in, as the weekly or yearly dues paid in to such a society for the doctor's services usually exclude surgical or obstetrical care. If there is no such provision, the visitor should be familiar with the free doctors connected with dispensaries. A friendly, "Shall I see the doctor for you and ask him to call?" establishes your own readiness to serve from the patient's point of view. In New York many dispensary regulations forbid the physician answering a call from any but the nurse or a member of the family, and in one, at least, where the rule is rigid, that none but application from the family will be responded to. Here the slight service of writing the note and explaining so far as you can the nature of the illness will facilitate the member of the family who may be sent.

The doctor summoned to attend the case properly demands consideration. The doctors rightly complain that their work is much hampered, and sometimes embittered, by the fact that the patients who pay nothing, or very little, request doctors from the various agencies to visit, and we cannot wonder at the lack of professional concern when professional respect has not been accorded them. You might ask if there is a doctor, and a denial might mean that none has seen the patient that day. Very often as many as nine or ten have been called in, and all but the dispensary doctor paid. "Can I see your medicine?" and proper questioning into the condition of the patient will usually bring forth the whole story. The fact that there have been many physicians, no one of whom is taking the responsibility, is, of course, no reason for not securing another, but your influence should be brought to bear upon the patient and the family to give the doctor confidence and a chance to effect his treatment. If there has been a doctor, learn what he has ordered and if his instructions are being carried out. If the prescriptions have not been filled, and this is often the case, because there is no credit in the drug-store and the patient may be waiting for the wage-earner's return at night, take the prescription, have it filled, and relieve the immediate pressure.

You may find that the bed is full of crumbs, and that the room generally is untidy or close and the odor unpleasant. After you have performed some slight service that brings recognition of your personal concern, the chances are that the patient will be grateful to have the bed straightened, the pillows smoothed, the room tidied, and even the children's faces washed, whereas, if you go in and make it apparent immediately that you perceive the air to be bad, that you do not approve of all the children lying upon the bed with the sick mother, that you wish to educate and reform, you will not be able to approach the matter of

close air, dirt, and disorder without hurt feelings and bad temper. It is remarkable how sensitive and irascible your patient may be under criticism if such an impression is made at first, and how tenderly appreciative the same woman can be if you have first established yourself as having sympathy for her sickness, and understanding of her problem as she sees it.

It is inevitable that the flock of neighbors will appear, drawn by curiosity, idleness, interest, or sympathy. It is necessary to firmly dismiss the curious and idle, but you should accept the assistance of any intelligent person, who may be required to explain many things. This, of course, if her condition be such as to prevent your getting the information directly from the patient herself or from an adult member of the family. Remember, however, not to ask questions that may affect the pride of the family, as, usually, appearances are kept up for the neighbors, and injury would be inflicted if the neighbors were taken too freely into confidence. There may be no family or lodge physician, or it may be Sunday or a legal holiday, when the free visiting physician cannot be reached, and you may be obliged to call upon a physician, there are such in every community, to make at least one call of investigation. In all cases a conference with the physician, whether employed by the family before you come or one secured by yourself, is advisable, that you may obtain accurate instruction as to nourishment, treatment, whether the case is a hospital one, etc. You will probably in this interview realize whether or not he is concerned about the social aspects of the case, whether he has considered the treatment prescribed (hospital or other) in an "all-round way," that is, taking in the circumstances, the drain upon the family, etc.

WHEN AND HOW TO GET A NURSE.

A patient in bed is indication for the need of the nurse. A district nurse is usually accessible and is hampered by less rules. She should be familiar with the most immediately available resources, the nature and limitation of the various services that could be called for. Nurses attached to dispensaries are for the assistance of the visiting physician connected therewith, and in a way are not of service to the general community, excepting as through the employment of that particular doctor. In Baltimore, Washington, Philadelphia, Cleveland, Chicago, New York, and numerous other cities there are district nurses who answer calls from any physician, or who will go at the request of a charity visitor, and who should have enough experience to know whether the illness is grave enough to call in a physician.

The nurse also is entitled to consideration. She is sometimes thoughtlessly asked to go to a patient who really does not require her

services. It is interesting that the people themselves appear to have better judgment in this than the charity and church worker or physician often evince. A patient who is about and going out of the house or partially attending his work may properly require a physician, or dispensary or even hospital attention, but not need a nurse, and she with a full day of serious cases may mount five flights of stairs to learn that the patient is not at home. Any patient who is in bed, however, is in need of her. The advisability of removal to a hospital is dependent upon various circumstances—the condition of the patient, the nature of the disease, money affairs of the family, rooms at their disposal, duration of illness, etc. The visiting doctor or nurse can alone judge as to the suitability of the case from the hospital point of view, whether he or she can properly be regarded as a hospital case. Practically every institution has definite limitations, and special hospitals are, of course, established in all the large cities. The knowledge of the character of each should be known, that time and temper be not lost. For instance, in New York very few hospitals will take puerperal sepsis or tuberculosis, and no hospital should be asked to take a patient who has had a contagious disease or who comes from a house under quarantine. Obvious as this may seem, we have had occasion at times to warn the hospitals of patients on their way to them, this fact not having been disclosed.

WHEN TO REMOVE TO A HOSPITAL.

Typhoid fever cases, because of the difficulty of disinfecting the stools and clothing and the consequent menace to other people in the family and the tenement, should properly be sent to the hospital. It is much more frequent to have a second or third typhoid (we have known the sixth and seventh cases) develop in the same family, and comparatively unusual for diphtheria to be passed on in like degree. The duration of the illness and the necessity of absolute quiet of a typhoid patient are determining causes for hospital care.

Brain troubles, where quiet surroundings are demanded; contagious diseases that may endanger and where isolation is impossible; operations requiring aseptic conditions; fractures or injuries requiring apparatus not procurable at home,—these indicate the hospital from the nature of the disease, irrespective of the question of pressing poverty.

Very young children do not do well in hospitals, and it is a serious matter to send a nursing child unaccompanied by the mother. This should never be done unless the physician has taken the responsibility of such action and the medical authorities in the hospital understand. Older children (three years and more) do very well in hospitals and are usually happy there, despite the mother's incredulity as to this.

(To be continued.)

THE TEACHING OF SURGICAL TECHNIC BY OPERATIVE DEMONSTRATION

By ELIZABETH KETCHUM

Graduate of the Roosevelt Hospital Training-School, New York

As THE methods of teaching in training-schools are at present being much discussed, a brief description of a recent demonstration given by Dr. George E. Brewer in the Syms Amphitheatre of the Roosevelt Hospital to the pupils of the Training-School may be of some interest.

Having previously delivered a most practical and instructive lecture on the germ theory of wound infection, asepsis, and antisepsis, the suggestion that it should be followed by a clinic exclusively for nurses was at once adopted, Dr. Brewer kindly consenting to operate. Eight o'clock in the evening was the hour chosen, making it possible for all nurses on day duty to attend. Two simple cases were selected to demonstrate the difference between the aseptic and antiseptic methods. The surgeon was assisted by one member of the house staff and four nurses, graduates of the school. The nurse in charge was responsible, as usual, for all sutures and ligatures, the second passed instruments or held retractors, the third was responsible for the sponges, and the fourth gave the anæsthetic.

While the patient was being anæsthetized the method of hand disinfection was demonstrated, and the reason for each step in the procedure carefully explained. Then followed the final cleansing of the area of operation, which, in the first case, was for the removal of a small tumor in the gluteal muscle. Censors were appointed by Dr. Brewer from among those who had had some training in operating-room work to report at once any apparent error in the technic of the operator or his assistants. Attention was drawn to the different tissues as they came into view, and the tumor—which appeared benign and afterwards proved so—was quickly removed, sutured, and a sterile dressing applied.

During the operation the different materials—such as catgut, silk-worm gut, silk, packing, etc.—were described and the importance of perfect asepsis in their preparation strongly emphasized.

In the second case, which was a tubercular ankle, disinfectants such as peroxide of hydrogen and formalin were used and a formalin dressing applied.

Between the two operations, while the second patient was being anæsthetized, cultures were taken from the gloves, dressings, towels, and suture material, demonstrating one of the means used to insure perfect technic in the nurses' preparation.

The interest of the pupils never flagged for one moment, and all expressed great appreciation of the thorough and interesting demonstration of such an important branch of their training.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 359)

WHAT a disturbance is created in the home life when the family physician diagnoses a case of infectious fever.

The whole economy of the household is upset; children are packed off to relatives or friends, that, besides being out of the way of infection, their school life may not be interrupted. Isolation has to be arranged for patient, trained nurse installed, Health Board notified, social engagements cancelled, and occasionally extra help provided for laundry or kitchen.

Finally the family settle down to face a long, tedious siege of isolation from their little world, lasting for weeks.

In a household blessed with a number of children hardly a year passes without the advent of some infectious disease, as children are peculiarly susceptible to infection, and, no matter how well they are guarded, are liable to meet with it at school, at play, in street-cars, and in places of amusement. Last week I heard of a case of scarlet fever carried home to a child by his nurse from some friends she had been visiting.

It is impossible oftentimes to trace the source of infection, but in some instances it comes from pure carelessness—one might say heartlessness—on the part of those who have fever in their homes.

Not wishing to forego their social pleasures, and without a thought of the suffering, trouble, and even death they scatter around, people have been known to enter crowded cars or public gatherings directly from a fever room without changing the clothing or using disinfectants, carrying hundreds of germs in the folds of their garments, sometimes leaving them with a kiss on the lips of their friends or folding them up in books, letters, and magazines as a legacy of suffering to the receivers.

When we realize that some fever germs live for months in a covered-in space, and when freed proceed to do their deadly work, the

gravity of carelessness or ignorance in regard to isolation and disinfection is most apparent.

Another source of infection comes from the fact that the patient is sometimes allowed to leave his seclusion too soon. Where I was visiting this summer a little girl contracted measles from a child with whom she played on the seashore, the mother having allowed her little one to go in bathing with other children while the skin was still peeling off her arms; and the best part of one summer I spent in the mountains nursing a family through diphtheria, the infection due to the visit of a cousin allowed to leave her home by the country doctor apparently cured, but with diphtheria germs still in her throat, as shown by a culture examination after the mischief had been accomplished. The result, two new graves in the churchyard, besides the sickness and suffering of four other people.

The majority of infectious diseases are cared for at home, and with proper attention paid to the details of isolation and disinfection, the disease rarely spreads even to the other members of the family.

The first thought is a room for the patient, and this preparation falls to the care of the home mother while awaiting the arrival of the nurse.

As isolation is the most important consideration, choose two rooms at the top of the house (the ideal sick-room contains two windows, and will have a sunny exposure).

Two rooms are required, as there are two people to be considered, the nurse as well as the patient.

Fever nursing is peculiarly trying from many causes, and therefore special thought must be given to the health and comfort of the nurse, whether she is a trained nurse or a member of the family. There is, moreover, always risk of infection to the nurse, which may only be avoided by taking every precaution in regard to sleeping, dressing, eating, etc., in a room separate from the patient. When the house is large enough an entire floor should be given up to patient and nurse.

Carpets and curtains are removed at once and sent to the cleaners, so as to be ready for use when the rooms are disinfected. No rugs of any kind are left on the floor, and small draw curtains of cheese-cloth or thin muslin will be sufficient at the windows, with dark-green shades to be used at will.

A single iron bedstead, hair mattress, piece of rubber sheeting, blankets, and a generous supply of the oldest bed-linen, which must be kept entirely apart from the house-linen during the disease. No heavy quilt or coverlet, either white or colored; a sheet will do duty instead.

All the furniture required besides the bed is a small table, bureau,

one or two cane-bottomed chairs, and an easy-chair or sofa (cot bed with mattress most suitable) for the convalescent period. All unnecessary furnishings ought to be removed to provide for perfect cleanliness, daily use of disinfectants, and free circulation of pure air.

The preparation of the room for the nurse is carried out along the same lines.

As a safeguard to the family, a housekeeping department on a small scale is organized with a supply of china-, glass-, and silver-ware, the care of which must be undertaken by the nurse in all cases of infectious diseases, and the food, which has to be cooked in the kitchen, is carried up on a tray and left at the top of the stairs.

A large pail or tub is needed to disinfect the soiled linen, which must be carried to the laundry while still wet to prevent the germs from flying round the house.

The clothes-horse from the laundry makes a fine screen covered with a sheet, or the bright idea suggested by Miss Thornton, of a line stretched across the room between the window and the bed to support the sheet, makes a capital substitute. The suggestion might be made that some soft-colored cretonne or art muslin take the place of the sheet, as far more restful to weak eyes than the glare of a large white surface.

Most careful attention must be paid to the care of bathroom and toilet when (as in the majority of small houses) there is but one for the whole house. It has to be washed daily with disinfectants, and well flushed with hot water and disinfectants after the secretions from the sick-room are disposed of.

As long as there is an infectious disease in the house all the members of the family should take especial care of their health, live simply, get out in the air frequently, and keep the halls and passages well ventilated as well as the living rooms; for even with the utmost care some germs will wriggle themselves out of the isolation of the sick-room and find ready feeding-ground in any member of the family who may be "under the weather."

(To be continued.)



APPLIANCES EXHIBITED AT THE MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES IN PITTSBURG, OCTOBER, 1903

BY CAROLYN C. VAN BLARCOM

Assistant Superintendent, Johns Hopkins Hospital School for Nurses

THE nursing appliances described in the following pages are among those which were demonstrated at the tenth annual convention of the Society of Superintendents of Training-Schools, held in Pittsburg during the early part of October. They have in all but one instance been devised by nurses of the Johns Hopkins Hospital Training-School and are used in the wards of that hospital.

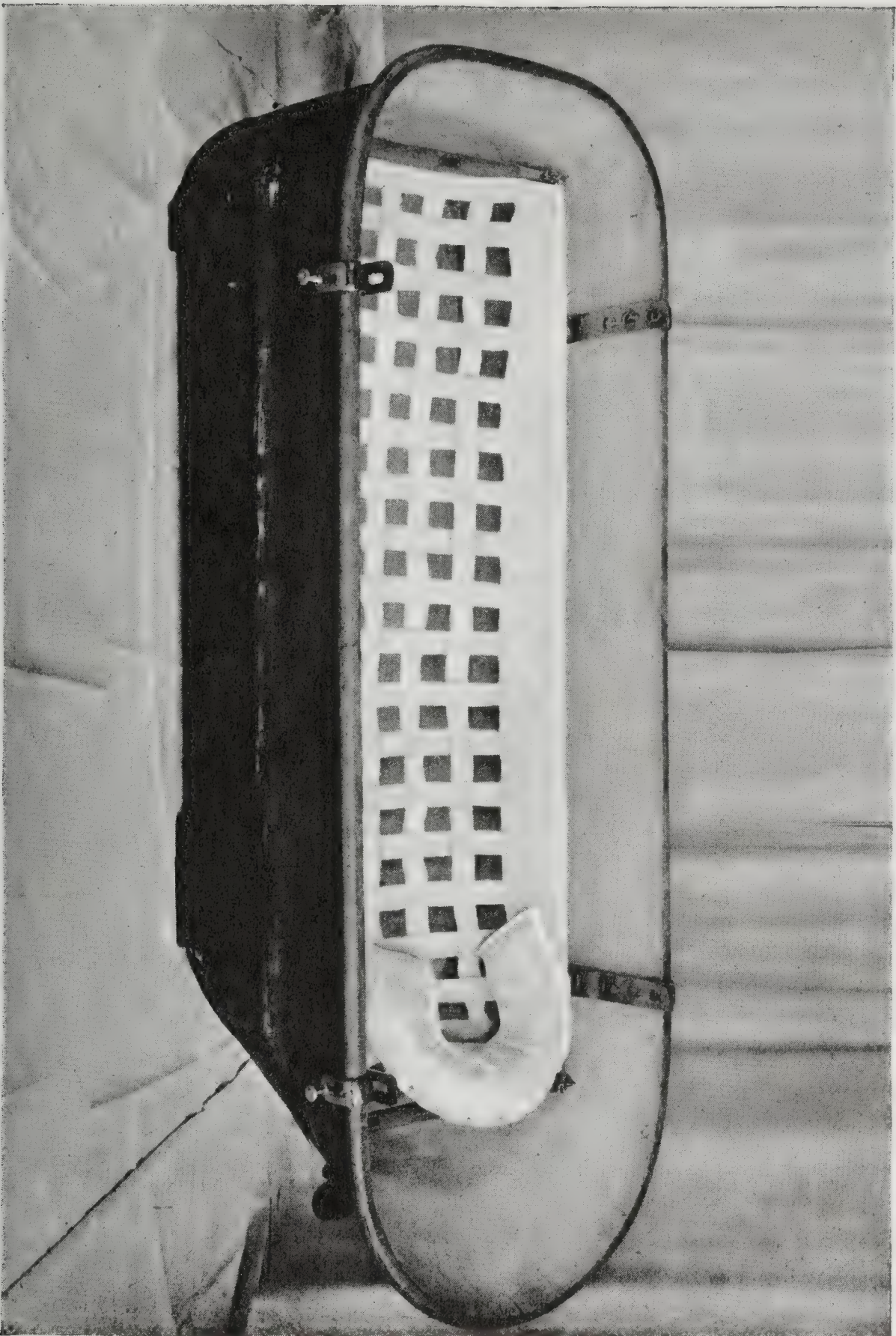
TYPHOID STRETCHER.

In giving typhoid baths the usual method employed for transporting patients from bed to tub and from tub to bed is one familiar to all of those who are occupied with the care of the sick, and it has been found that with one person supporting the head and shoulders and another at the feet a patient of average weight may be moved with comparative comfort. But sometimes disadvantages present themselves, particularly in the moving of very heavy or very weak and emaciated patients, and to obviate these difficulties, at least in a measure, the stretcher shown in the accompanying cut has been devised. The stretcher consists of a hammock made of stout webbing swung between two poles, running from head to foot, which are made of hickory or some other stout wood and finished at the ends with brass tips about three or four inches long, so cast as to provide a ring at each end of the poles. These are connected by means of cross-pieces similarly constructed the ends of which fit into the holes in the extremities of the long poles, thus forming a secure rectangular frame. The whole closely simulates a Bradford frame, and it was from this useful appliance that the idea was obtained. (Fig. 1.)

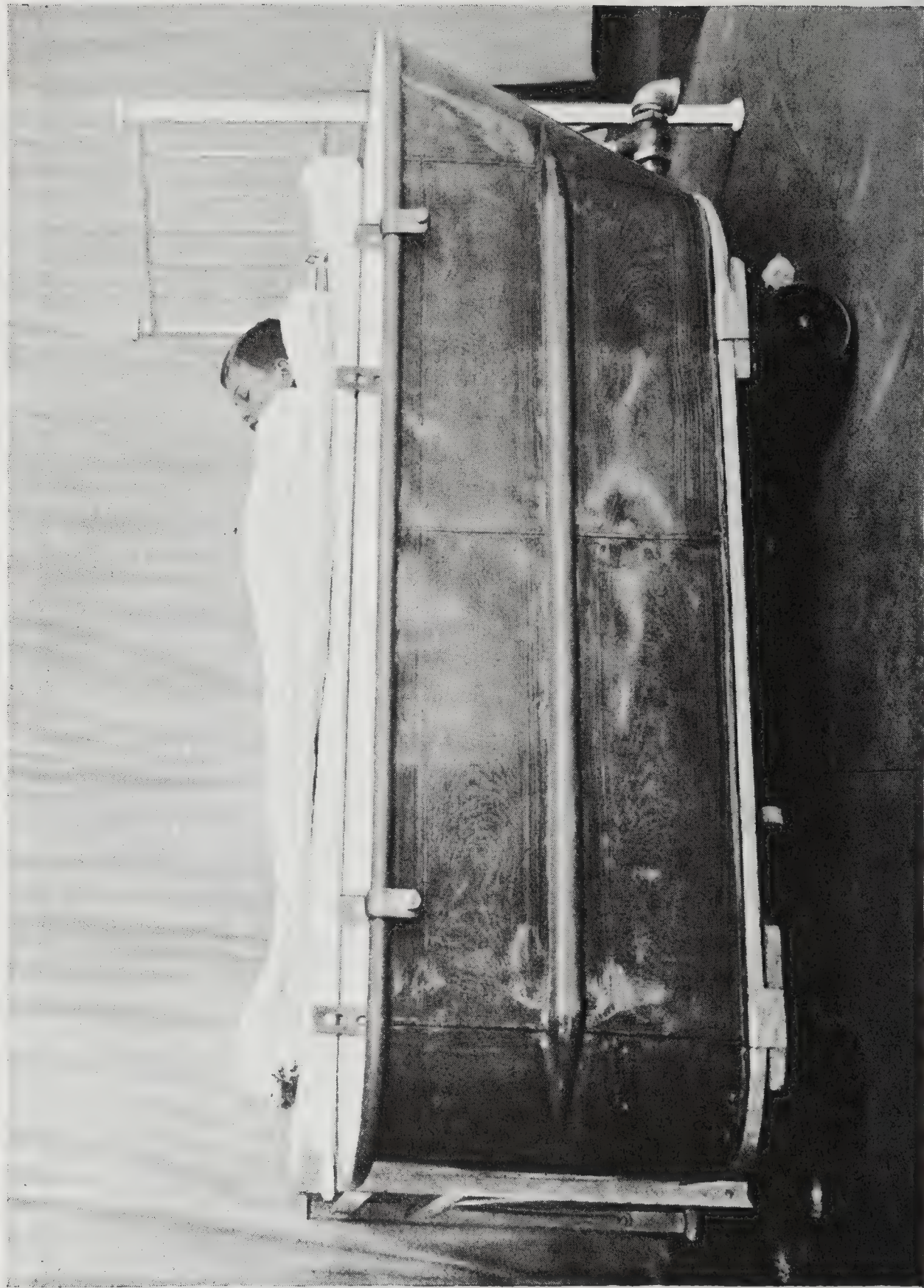
The hammock is slipped under the patient much as a fresh sheet would be, the poles are then slipped into the wide hems on each side, the cross-pieces fitted into place, and either a rubber ring or a horseshoe pillow is placed under the patient's head. (Fig. 2.)

The stretcher is then lifted into the tub to rest upon two pairs of hooks which depend from the sides of the tub, much as picture-hooks do from a moulding. (Fig. 3)

The hooks nearest the patient's head are preferably raised one or



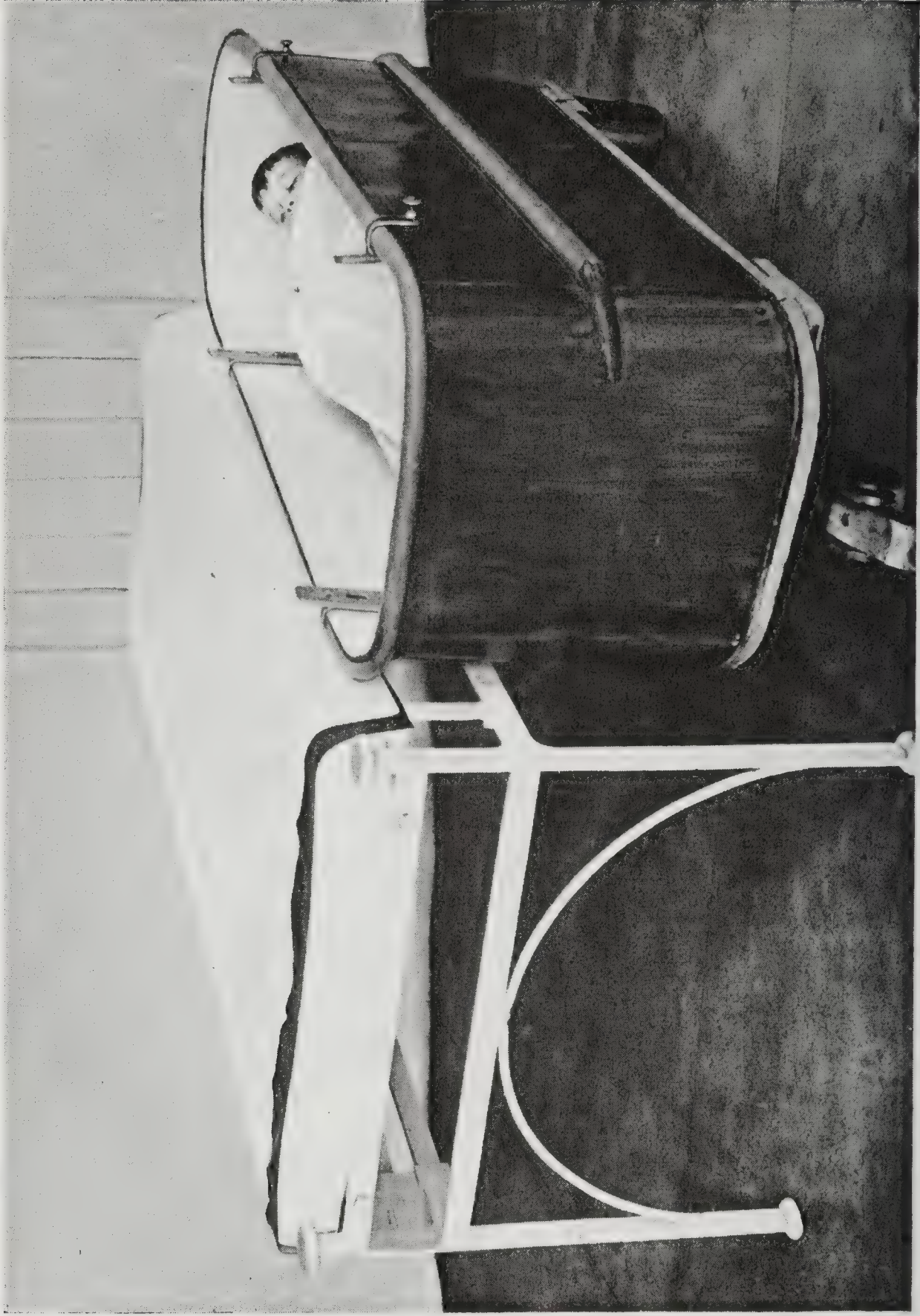
1. TYPHOID STRETCHER



2. TYPHOID STRETCHER ON TUB



3. TYPHOID STRETCHER—READY FOR IMMERSION



4. TYPHOID STRETCHER—PATIENT IMMERSED

two notches above those at the foot, thus immersing the body and keeping the ears out of water. (Fig. 4.)

When the bath is finished the patient may be lifted upon the bed, which has been covered with a sheet and mackintosh in the usual manner, the poles slipped out, and the hammock removed with the wet sheets.

This stretcher has been used in one of the medical wards of the Johns Hopkins Hospital during the past year, and the features which would seem to commend it have borne the test of practical use, for it is found in many instances to add greatly to the patients' comfort and facilitate the work of the nurses. The advantages are perhaps greater in the lifting of very heavy patients, for upon the stretcher two nurses may without great effort lift such patients as would otherwise require the assistance of a third person, and are able to do it without the danger of jarring or scraping against the sides of the tub. And those who are too weak to respond to the familiar request that they "stiffen" themselves while being lifted, or patients who are so emaciated and sensitive as to make the firm gripping of shoulders and legs little less than painful, are certainly more comfortably moved in this manner. It may be said in general that the patients are moved with less effort on their part and with greater ease by the nurses than when employing the usual method; and there is an absence of that fear which is frequently evinced by patients who feel, and perhaps justly so, that inadequate strength is being used to lift them safely.

And it would seem that the stretcher might be comfortably adapted for use by patients in continuous baths, particularly those who once or twice a day must be lifted from the tub for irrigation or dressing. By adjusting the hooks upon which the stretcher rests a patient may be raised from the water, thus rendering dressings or other attentions very simple and without the expenditure of time and energy necessary for complete removal from the tub.

This appliance is the invention of Miss Nancy Ellicott, a graduate of the Johns Hopkins Hospital School for Nurses, Class of 1903.

(To be continued.)



NEW WAYS OF NURSING IN TYPHOID FEVER*

BY E. M. LAWLER

Graduate Johns Hopkins Hospital

THOSE of us who have spent several years in the hospital and have carried out the routine treatment for typhoid fever, consisting of cold sponges, cold tubs, and a rigid diet of milk and albumen, are inclined to fall into the error of thinking that this is the only safe way of treating such patients. Yet the first case of a nurse starting out for herself may be typhoid fever treated in an entirely different manner, and when, as often happens, the patient makes a satisfactory recovery the nurse is obliged to realize—and well for her if this comes early in her career—that there are many ways of accomplishing a desired result, and the last word has not yet been said, perhaps, concerning the treatment of any disease.

Two distinctly different and to us new methods of treatment have come to our notice recently, and I mention them with the hope that if any of our members can add to these they will do so.

The routine carried out in the Johns Hopkins Hospital, with which every graduate of our school is familiar, has changed little in the last few years, except in minor details. The patient is given cold sponges every three hours if the temperature is 102.5° or over; after three or four sponges have been given, tubs are ordered. The temperature of the first tub is always 85° F. If the reaction is good, the temperature of the following tubs remains the same; if not good, the temperature is a few degrees lower, but it is seldom below 80° F. The diet is milk with lime-water alternating with albumen, and the patient is given as much water as he will take. It is given to him in definite quantities every hour, and a great point is made of the necessity of giving large amounts of fluid.

To one who has become accustomed to this method the idea that there is a hot treatment for typhoid fever is little less than startling, but it is a method in use and has been carried out recently in the Garfield Memorial Hospital, Washington. The temperature, pulse, and respiration are taken every four hours. The diet is liquid, but no milk is given. Hot water only is given to drink; no cold water or cold drinks of any kind are allowed. The treatment consists of hot rectal irrigations at a temperature of 110° F. three times during the day. Hot compresses are applied to the abdomen every four hours. Hot tub baths at a tempera-

* From the *Johns Hopkins Nurses' Alumnae Magazine*.

ture of 100° increased to 110° F. are given three times during the day, and blankets are left around the patient for one hour after each bath. The results are apparently the same as those obtained by other treatment, and in almost every instance the patients prefer this to cold treatment.

Another method is that used by Dr. Georgiana Sands, of Port Chester, New York: it was originated by her father, Dr. Norton J. Sands, of the same place, and has been used by him for several years. The treatment appears to be simply starvation, and the results seem to justify the rather unique method. To quote Dr. Sands:

“As soon as the diagnosis of typhoid fever is made, the patient is freely purged and all nourishment with the exception of water is entirely withdrawn. Water is usually very acceptable and eagerly taken, but when this is not the case it is urged upon the patient to the amount of two quarts at least in the twenty-four hours. In the third and fourth weeks, as the temperature falls, the quantity is gradually reduced. The duration of the starvation period varies with the severity of the case, the usual time for an adult being three weeks. The indication for the resumption of nourishment is the complete subsidence of fever—so complete that we usually require it to be subnormal for twenty-four hours before allowing food, other symptoms by this time having abated. The method seems, and is, very simple, and it may be summarized in this way:

“1. An initial free catharsis to clear the intestinal tract of as much infection as possible.

“2. A prolonged starvation to eliminate the danger of overtaxing a diseased part as well as to avoid making a culture-tube of the bowel.

“3. An allowance of food after the subsidence of the symptoms, as usually indicated by a temperature continuously subnormal.

“The advantages of the treatment are that the patient has a shorter and less severe illness. There is rarely diarrhoea or tympanites, and there has been no instance of profuse hemorrhage, nor one of perforation. As for the resulting weakness, it is not so great as that following the longer and more severe illness of a patient who is treated in the ordinary manner and given the usual liquid diet.”

As it is extremely probable that there are some of our more experienced members to whom one or both of these treatments is not at all new, and others who have had practical experience in still different methods, we hope that they will feel called upon to share their knowledge with others and will remember that discussions of new methods are always interesting.

THE WORLD'S WAR AGAINST CONSUMPTION

(Continued from page 106)

OUTLINE OF TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT OF BELLEVUE HOSPITAL

BY JANE A. DELANO

Superintendent of the Training-School, Bellevue Hospital, New York.

DURING the summer of 1903 the old building of the Bellevue Dispensary was entirely remodelled and newly equipped for the care of out-patients in the vicinity of Bellevue Hospital.

I was asked by the Board of Trustees to take charge of this department in connection with the nursing service of the hospital, and to furnish pupil nurses not only for the work of the dispensary, but also to undertake a general supervision of the tuberculosis patients in their homes.

Miss Hopkins, a Bellevue graduate with several years' experience as a district nurse, volunteered to assist in the organization of this work. As it is a new departure, at least for this hospital, a brief outline of it may be of some interest to the readers of the JOURNAL.

Patients on entering the dispensary are questioned concerning their condition by a graduate nurse who acts as registry clerk, and are by her assigned to the various departments of the dispensary.

The tuberculosis patient is examined by the physician in charge and a careful history taken: If needed, an order for medication and a sputum pouch is entered on the history blank and furnished by the drug-store. If unable to procure milk and eggs at his own expense, these are also furnished by the hospital. Three dozen eggs and fourteen quarts of milk are supplied weekly. The eggs are furnished in two portions and the milk daily. Milk is often procured from the Strauss depots and the New York diet kitchens on order of the nurse.

As soon as possible after the patient's first visit to the dispensary the nurses visit his home, filling out a blank specially provided for this purpose. If sleeping in a dark room, which is often the case, the patient is advised to move the bed into the living-room and keep the windows open day and night. The nurses observe whether the patient is careful in regard to sputum, and if necessary the instructions given at the dispensary are repeated. Paper pouches which can be used twenty-four hours and then burned are provided, and the use of carbolic as a disinfectant is also taught. The nurse has a general oversight of the

patient's food, if necessary teaching him to prepare it, and instructs him concerning the importance of using separate dishes.

The first visit is usually made by Miss Hopkins, the nurse in charge, as it is most important to judge carefully of home conditions and to ascertain if they can be improved, and this knowledge is only gained by long experience in tenement-house work.

The second visit, made by a pupil nurse, is for the purpose of noticing if the instructions are being carried out, and, if not, to urge an improvement in conditions.

At least one call a month is made on every case. If, however, the patient is seriously ill and remains at home, visits are made as often as necessary, food and medication being taken to him by the nurse. But our work is especially intended to reach those whose condition is hopeful. Often the patient is referred to the Lincoln, Seton, or Metropolitan Hospitals. Notice is sent to us from these hospitals when a tuberculosis patient is discharged, and our nurses then visit him in his home.

It is too early to judge of results, but I cannot but believe that the work will be a benefit to those whom we are most anxious to reach—the patients with a reasonable hope of recovery.

It is work rather of instruction than nursing, and the leaflet, "Advice for Tuberculous Patients," will indicate what we are endeavoring to do. The medical history and nurses' blanks used in this work will gladly be sent to any institution inaugurating a service of this kind that may desire more of the detail of our method. The nurses' report for the first month shows results that promise much for the future in the war against tuberculosis.

ADVICE FOR TUBERCULOUS PATIENTS, BELLEVUE HOSPITAL, NEW YORK.

Be hopeful and cheerful; in most cases consumption is curable.

Do as you are told carefully, and remember that it will take a long time to get well.

You may improve steadily for months, and lose it all by carelessness.

Your expectoration or spit contains germs and is dangerous to yourself, your family, and your neighbors. It must always be collected in the pouches, as you have been taught, and burned.

Never swallow your expectoration.

Do not kiss anyone upon the mouth.

Always wash your hands before eating.

The treatment of your disease consists principally in (1) FRESH AIR, (2) REST, (3) FOOD.

Medicine will help, but it is not so important. Therefore the cure is principally in your own hands.

1. FRESH AIR.

Stay in the open air as much as you can.

Do not be afraid of cold weather. Remain indoors only on very windy or very damp days.

Avoid draughts, dust, and dampness.

Never sleep or stay in a hot or close room.

Keep at least one window open in your bedroom.

Have a room to yourself if possible. If not, be sure to have your own bed.

Wear wool next the skin, but not too much.

Never get overheated. Never get chilly.

Keep your feet warm and dry.

Always wear rubbers in rainy weather.

Bathe regularly. Sponge your chest with cold water every morning.

2. REST.

Avoid all unnecessary exertion. Do not walk more than you are allowed.

Sleep at least eight hours every night, and go to bed early.

Never run. Never get out of breath.

Never lift heavy weights. Never get tired.

If you have to work, take every chance to rest that you can.

Go slow.

3. FOOD.

Eat of plenty of good, wholesome food.

Drink at least one quart of milk a day.

Eat from three to six eggs a day, and take them raw if you possibly can.

Eat slowly. Avoid anything which causes indigestion.

Keep your bowels regular.

Do not drink liquor, wine, or beer.

Do not smoke.

4. MEDICINE.

Take no medicine without your physician's advice.

Stop any medicine which upsets the stomach.

Report regularly to your physician at the dispensary.

Come immediately if you have indigestion, diarrhœa, constipation, pain, increased cough, or hemorrhage.

If you cannot come for any reason, send word to your physician.

If you change your address, report it.

Follow instructions carefully and exactly, and your chances of getting well will be increased ten times.

NURSE'S REPORT

OF THE TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT
OF BELLEVUE HOSPITAL FOR THE MONTH ENDING JANUARY 31, 1904.

Number of new patients at clinic..... 26

Number of new patients visited:

By nurse in charge..... 20

By pupil nurses..... 2

Total 22

Secondary visits made:

By nurse in charge..... 12

By pupil nurses..... 14

Total 26

Relief obtained from different sources:

New York diet kitchens, milk.....	84 quarts.
Straus depots, milk.....	83 quarts.
Bellevue Hospital, milk.....	42 quarts.
Bellevue Hospital, eggs.....	40 dozen.

Number of patients referred to hospitals, 18; entered hospitals, 7; 2 stayed only one day.

Number of patients referred by hospitals and visited:

By nurse in charge.....	0
By pupil nurses.....	8
Total	8

REMARKS.—Each nurse has three afternoons a week at clinic. Few patients can be persuaded to remain in hospitals long enough to derive much benefit—hence the importance of this instructive work in the homes. Good results are already apparent.

Respectfully submitted to the superintendent of the Bellevue Training-Schools.

_____, Nurse in Charge.

WHAT REGISTRATION WILL DO FOR THE NURSING PROFESSION *

By REBECCA R. HALSEY
Germantown, Pa.

THE problems which are facing the nursing world at present are many, but for the benefit of those who have gathered at this third convention of the Graduate Nurses' Association of the State of Pennsylvania let me call your attention for a few moments to but one,—which is the ultimate object of this State Society,—that of "Legislation for Nurses."

Mrs. Bedford Fenwick says, "The nurse question is the woman's question, pure and simple," and that "we can only secure professional enfranchisement through State registration and self-government."

We know that the nurses of four States—to the north, east, and south of us—have, through the instrumentality of their State societies, secured protection and the elevation of trained nursing to a profession by means of this legislation, and we also know that the nurses of five more States are working for this same object, therefore we dare not sit with folded hands.

* Read at the meeting of the Pennsylvania State Nurses' Association held in Harrisburg, January, 1904.

Shall we the graduate nurses of Pennsylvania,—“the Keystone State,”—because of indifference or petty economy permit the work that was begun in Philadelphia last April to fall to the ground; or shall we stand united, ready, each, to do her share towards the building up of a perfect circle, so that when at last the “wedge” is placed, it may rest in such a solid foundation that no one can shake it down.

It must be exasperating to the leaders in any line of work to see about them those who could be their helpers, but who will not even try; and I feel that my paper would be in vain did I not urge upon each of you to study up the subject of “Legislation for Nurses” in other States, and be prepared at all times to speak as a missionary in your own cause. Emerson says: “If you act, you show character; if you sit still, you show it. You think because you have spoken nothing when others spoke, and have given no opinion on the times, that your verdict is still expected with curiosity—as a reserved wisdom. Far otherwise; your silence answers very loud. You have no oracle to utter, and your fellow-men have learned that you cannot help them.”

We are gathered together in this State association to provide for registration for nurses, for mutual help and protection, and for the advancement in every way of our professional work. We have in Pennsylvania some two thousand graduate nurses and more than one hundred hospitals which all employ graduate nurses, many of them giving a course of theoretical and practical instruction to women who spend at least eleven months of each year for three years—that is, thirty-three months—in study and work, with long hours for work and few for recreation, that they may be able intelligently to follow out a line of treatment for a suffering fellow-mortal in the absence of the physician.

In point of fact, the physician, whom we all honor, has given but one year more to the study of his profession, each year’s term being about eight months long, so that his entire time amounts to about thirty-two months.

Our doctors found their profession was being trampled upon by the Indian medicine men, travelling fakirs, etc., and that they and the public whom they serve must be protected by law, and with their recognition from the States came the elevation of the standard of their profession, a more uniform course of instruction, and the adoption of a four-years’ course of study in all schools, besides an official examination given by the “State Board of Medical Examiners” before they are qualified to practise medicine.

If the public needs to be protected from the spurious medicine man, is it not equally important that it be saved, and the nursing profession be protected, from the possible mistakes made by the woman

who will, without having passed within the doors of a hospital even, don a uniform and call herself a "trained nurse"?

Do we not need the protection that our State can give from just such advertisements as the following, that has been noticed by the writer in three of the popular magazines of the day: "*Be a nurse. We teach you by mail. Steady employment at a large salary always awaits the thoroughly competent nurse. We teach you the most advanced ideas by modern methods,*" etc.

Surely the "Sairey Gamps" have had their day,—they did their best, and some of them were faithful old souls,—but the modern methods and modern surgery has only been made possible by the modern trained nurse.

We believe that every woman should know at least the simpler methods of caring for the sick that she may be a help and comfort in the home—for in such ministrations she will neither injure her professional sisters nor do harm to her fellow-men. But let us who are members of the Graduate Nurses' Association of the State of Pennsylvania look forward and ever upward. Let us aim to deal justly and act wisely, and so prove to the lawgivers of our State that we are worthy of their protection. Then will the standard of our profession be elevated and not overcrowded; then will our good name be protected and the graduate nurse who dons a uniform and stands side by side with the physician, whether it be at the bedside of the wealthy or in the hovel of the destitute, will feel that she carries with her the sterling mark of quality, remembering always that "To whom much is given, much is required."

A WRITER'S REQUEST OF HIS MASTER.—"Lord, let me never tag a moral to a story, nor tell a story without a meaning. Make me respect my material so much that I dare not slight my work. Help me to deal very honestly with words and with people because they are both alive. Show me that, as in a river, so in a writing, clearness is the best quality, and a little that is pure is worth more than much that is mixed. Teach me to see the local color without being blind to the inner light. Give me an ideal that will stand the strain of weaving into human stuff on the loom of the real. Keep me from caring more for books than for folks, for art than for life. Steady me to do my full stint of work as well as I can, and when that is done, stop me, pay me what wages Thou wilt, and help me to say, from a quiet heart, a grateful Amen."—HENRY VAN DYKE.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 364)

X. SELECTION OF FOODS

THROUGH some inadvertence, perhaps occasioned by the failure to state that the table headed "Composition of Some Common Foods" did not include the water and mineral matter that would have made the total per cent. of each material one hundred, "ounces" was substituted for "per cent." in the first table given on page 364 of the February magazine. The table is reprinted here, in the more complete form, that there may be no mistake.

PERCENTAGE COMPOSITION OF SOME COMMON FOODS.

	Water.	Proteid.	Fat.	Carbo- hydrate.	Ash.	Calories
Beef (loin)	60.6	18.5	20.2	...	1.	1190
Bread	35.	9.1	1.6	53.3	1.	1225
Potatoes, as purchased, re- fuse about twenty per cent.	62.6	1.8	.1	14.7	.8	310
Oatmeal	7.3	16.1	7.2	67.5	1.9	1860
Rice	12.3	8.	.3	79.	.4	1630
Milk	87.	3.3	4.	5.	.7	325
Sugar	...	...	...	100.	..	1860
Butter	11.	1.	85.		3.	3605

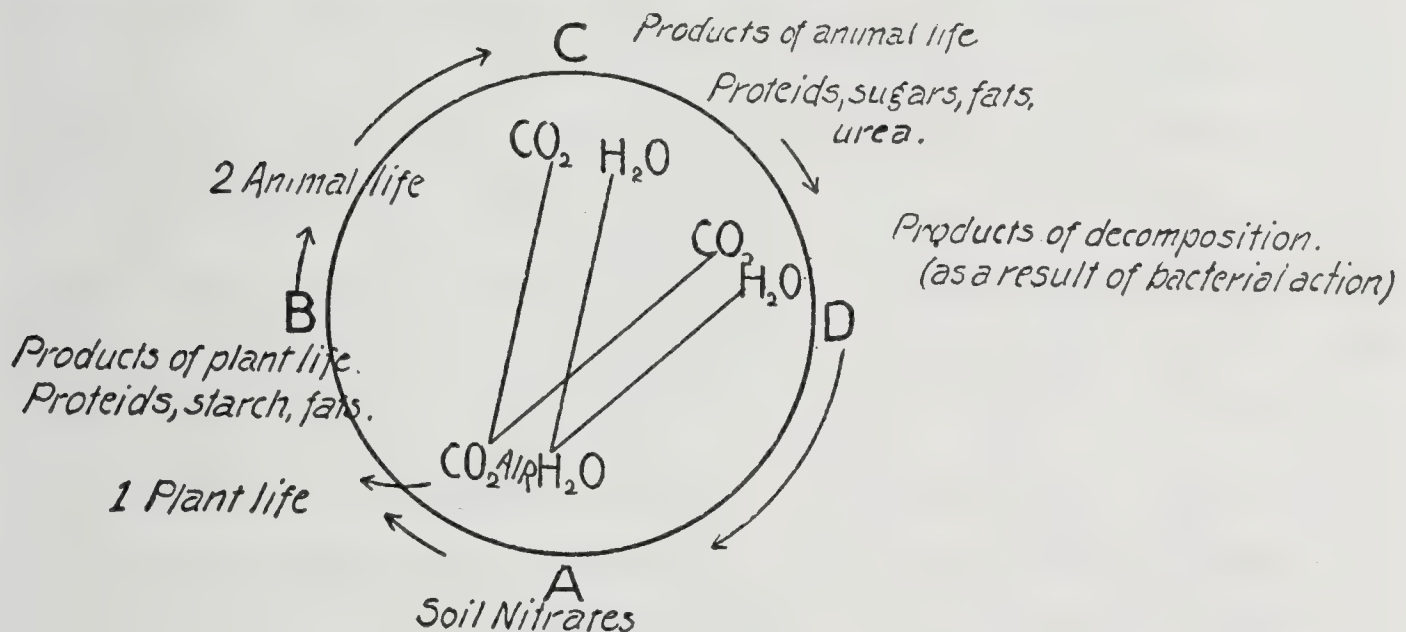
One of the questions that is coming to the front more and more often in discussions of food problems is that of the relative value of animal and vegetable foods. An increasing number of people are confining their diet largely, if not exclusively, to vegetable products and such animal substances, as milk and eggs, that do not imply the taking of life, while a smaller number exclude anything of animal origin. Is a mixed diet essential for health, or may we at will choose from the animal and vegetable kingdom?

Certain broad distinctions will immediately present themselves. As a rule animal foods are richer in nitrogeneous matter, while vegetable foods are the chief source of carbohydrates. This becomes much more evident if we compare the two in a dry condition. Milk, for instance, makes a poor showing in proteid as compared with dried peas or even with rice; but if we take the total solids of the milk as a basis of comparison, eliminating its eighty-seven per cent. of water, the case is quite otherwise. This is the fairer method, for the dried peas and rice absorb

many times their weight of water in the process of cooking, so that the analysis of the raw material is quite different from that of the cooked food. Hutchison gives the following composition of a few typical dried foods:

100 parts of dried lean beef contain.....	89 parts of proteid
100 parts of dried fat beef contain.....	51 parts of proteid
100 parts of dried pea flour contain.....,.....	27 parts of proteid
100 parts of dried wheat contain.....	16 parts of proteid
100 parts of dried rice contain.....	7 parts of proteid

Another difference between animal and vegetable food is found in their cost. Under most conditions animal food is much more expensive than vegetable. This is not difficult to understand when we remember that our animal food has been put through a further process of manufacture than the vegetable. If the grain raised, instead of going directly to man as food, is used to feed cattle, which in turn are slaughtered to furnish nourishment for human beings, the process necessarily adds to the cost of the food. This process, as well as the fact that plants are in general builders of material, while animals break down these complex compounds, is graphically shown by the accompanying diagram.



The same intermediate process which adds to the cost of food increases also its digestibility, so that we are not surprised to learn that vegetable proteid is less completely absorbed by the system than animal proteid. One reason for this lies in the fact that in the plant the proteid is enclosed within cellulose walls, and ordinary processes of cooking by no means free it.

In deciding from which kingdom we shall choose our diet we must consider almost wholly the proteid. The carbohydrates must necessarily be obtained chiefly from vegetable sources (sugar of milk being the

notable exception), and it seems to be a matter of indifference whether the fat of the diet is of animal or vegetable origin.

With the addition of milk, butter, cheese, and eggs it is not difficult, with care, to provide a satisfactory dietary without the use of meat. The case is different when vegetables form the only source of food supply. Because of the great excess of carbohydrates, and the presence of indigestible matter in the form of cellulose, a great bulk of food must be taken in order to get the necessary proteid. As a matter of fact, nearly all purely vegetarian diets are deficient in proteid. The extra cost of the animal proteid is justified by its availability, since it may be obtained without an excess of other substances, and since it is easily assimilated.

(To be continued.)

SOME OPPOSITE REMARKS ON CORSETS.—Dr. W. E. Frothingill says in the *Medical Press and Circular* that the modern woman wears heavy skirts, the weight of which is supported by bands around her waist—that soft portion of the body which is protected by no body-walls. How is it possible to wear around this portion of the body bands which support the weight of numerous and often heavy garments? The answer is, by means of the corset. The garment forms a bridge connecting the firm chest-wall with the firm pelvis. The use of the corset is to transmit the pressure of the skirt-bands to the hips and the ribs, and so to protect from their pressure the organs in the region of the waist. The conclusion is that, so long as skirt-bands are fastened round the waist, corsets should be worn. They should be stiffer than usually made if they are effectively to protect the soft, middle portion of the body from the pressure of the waistband. The front should be quite straight, and the waist measurement should be at least as large as the wearer's waist, measured over a single, soft garment. The abuse of the article consists in employing it as a means of compressing that which it was meant to protect from compressing, namely, the soft, middle portion of the body. Fashion in corsets has of late made a motion in the right direction in the straight, stiff front.

The *Medical Record* makes the statement that a Dr. Maréchal, of Paris, is urging the passage of a law making the wearing of a corset by any woman under thirty years of age a penal offence. Apropos of this rather radical legislation, it is stated that a woman in Buffalo recently died through the penetration of her heart by a corset steel, and we have also been informed of a very serious X-ray burn resulting from the wearing of a corset during treatment. In spite of these occurrences, we imagine the corset will still remain in use.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE PRACTICAL CARE OF THE BABY. By Theron Wendell Kilmer, M.D., associate professor of diseases of children in the New York School of Clinical Medicine; assistant physician to the Out-Patient Department of the Babies' Hospital, New York; attending physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv.-158, with sixty-eight illustrations. Extra cloth, one dollar, net, delivered. Philadelphia: F. A. Davis Company, 1914-16 Cherry Street, publishers.

Dr. Kilmer's book is eminently practical as well as thoroughly minute in its details. In his preface he asserts that the book is going to tell us everything we ought to know how to do in connection with the care of the baby, and also how to *do* everything, and he keeps his word to the letter. If sometimes the reader takes a different view from the author, he would, we think, tell us that the book was not written for those who know all about the subject, but for those who, confessing their ignorance, are willing to learn. Some, for instance, would not put a second flannel garment over baby's pinning blanket in dressing a new-born infant. The pinning-blanket is usually discarded when the baby is promoted to a flannel petticoat. Then as to cotton diaper being used for any other than purposes of economy. The general opinion will be, probably, that even the motive of economy is hardly an excuse for cotton diaper napkins, because linen will serve a whole family, one baby after another, growing nicer as it grows older, and in the end costing far less than the cotton diaper, which wears out in six months and looks badly long before it is worn out. Leaving a young baby in a bran-bath from ten to twenty minutes seems rather overdoing it, though we have known a year-old baby to spend nearly an hour in the tub, from which he had gradually eliminated the bath-water by splashing. The practice is not recommended, however. The chapters on observation—of weight, growth, development, dentition, sleep, feeding, etc.—embrace very valuable teaching to young or inexperienced mothers; and the nurse, who must have a ready answer to her patients' questions, cannot do better than give it her careful consideration. There are many hints for the thoughtful reader. Almost a third of the book is devoted to the baby's feeding, with general directions for diet up to the sixth year, and most particular direction for artificial, or bottle, feeding where necessary during the first year.

The formulæ given are from Dr. Emmet Holt's book, "The Care and Feeding of Children;" these, with the added directions for modification, Pasteurization, and sterilization of the food, with complete list of necessary utensils for preparing and storing the day's food, make a very simple matter of what is often looked upon as a problem only to be solved by getting baby's food each day from some specialty bureau or laboratory.

The book closes with a little review of the various emergencies which a

mother or a nurse may have to handle in the absence of the doctor or while waiting his coming—convulsions, accidents, foreign bodies in eye, ear, or nose, etc.; also the list of eruptive diseases common in childhood, with the significant symptoms, time of duration, etc. There is a “pretty wit,” a gift for seeing the funny or ridiculous in the tragedies that sometimes grow out of little things in life, that adds greatly to the pleasure of reading the book, and you cannot read it without profit.

PLAIN HINTS FOR BUSY MOTHERS. By Miss Marianna Wheeler, superintendent of the Babies' Hospital, New York; graduate of the New York Hospital and Sloane Maternity Hospital, and author of “The Baby.” E. B. Treat & Co., New York, publishers.

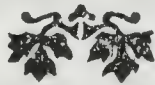
Miss Wheeler gives us a very practical little hand-book—or, rather, hand-booklet, for it is less than fifty pages—full of excellent advice, which any one is free to profit by, although the book was written especially for mothers of limited means and more limited time, who must be cook, housekeeper, and general manager of the small income as well as special nurse to baby. It commends itself to friendly or district visitors and to district nurses. Common-sense is the key-note, and when we begin to think how often this ingredient is left out of books supposedly helpful to people who *must* make the most of every minute and of every cent, and who want to keep a cheerful home and healthy children, we appreciate the value of Miss Wheeler's advice.

Her “foreword” says: “Cleanliness is next to godliness, and if the mother only realized what a large part cleanliness played in the health of her child, she would think the small amount of labor it requires well worth the while.” Then follow brief but plain directions for the bathing, feeding, clothing, and care of the baby. Everything is done at the very smallest expense possible, and the limitations to the baby's wardrobe are almost comical. The shirt, ready-made at twenty cents in the store, is to be made at home much more economically, etc. “In homes where the salary or wages of the head of the house is extremely small, and the family demands many, conveniences, not to say necessities, have often to be done without, but with the baby much can be done with very little expense.”

GYNÆCOLOGICAL NURSING. By Netta Stewart, sister of the extra-mural gynæcological wards of the Royal Infirmary, Edinburgh. Oliver & Boyd, publishers, Edinburgh.

From the mother country comes a book on gynæcological nursing, the result of ten years' experience as head nurse in the gynæcological wards of the Edinburgh Royal Infirmary, and while it has some features which take from its value, it comes as a much-needed addition to the list of nurses' text-books. Except for a single chapter in various “Handbooks of Nursing,” as, for instance, Chapter XVI. in “Hampton,” we are not supplied with text-books on this special branch of nursing. The drawbacks of the book are due to its local features, names, etc. We dimly conjecture that “batiste” and “jaconet” answer to our oil-silk or rubber tissue; we recognize “wool” to be absorbent cotton, and “lotions” to be solutions as we know them. The cantharides blister, size a half-crown, would induce a mental demoralization similar to that which the problem, “How old is Ann?” cast over our land. These, with occasional pit-

falls due to our ignorance of the British "Pharmacopœia," keep us constantly in mind of the foreign origin of the book. Technically and practically, the teaching is the same as we are accustomed to. A review of Cooke's "Nurses' Handbook of Obstetrics," published in the issue of *Hospital* of December 26, 1903, gave the impression that English nurses did not use the hypodermic syringe; but evidently a misunderstanding exists, for Miss Stewart on various occasions cautions the nurse to have her hypodermic charged, now with ether, or again with strychnia, to be ready for the order when it comes. In one instance she writes as follows: "Under strict orders from the surgeon, rectal feeding, the administration of stimulants by the rectum, the use of hypodermic injections of drugs, like strychnine, etc., to stimulate the heart, of antistreptococcii serum to kill off as many of the organisms as possible, and possibly, also, when all hope is gone, the use of morphia, form the substance of the unsuccessful treatment of septic peritonitis."



FROM *Johns Hopkins Hospital Alumnae Magazine*:

"The usefulness of the district nurse seems limitless when we consider that she has even been called on to look for a 'lost dog' in a rough court because it was unsafe for a policeman to enter unattended by another."—*Washington District Nurse*.

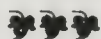
"Those of us who believe in the usefulness of the visiting nurse in the prevention of disease will find further support for such a belief in the help which nurses were able to give recently in tracing the source of infection in eighteen cases of typhoid fever. As no two of these patients were attended by the same physician, it is possible that the cause of the illness might not have been discovered without the inquiries of the nurses, and it seems probable that the prevention of a further spread of the disease was due largely to their efforts. The infection was traced to the uncleanly and unsanitary surroundings of a dairy supplying milk to the establishment in which these young women were employed. As soon as the matter was reported to the Health Department an investigation was made, and in consequence the dairy was closed and the factory put in good sanitary condition."—*Baltimore District Nurse*.

"It is almost, if not quite, impossible to make a number of children coming from an institution assimilate with others, even in the public schools. They will naturally flock together and the other children will dub them 'Home Children,' and the name will be constantly cast up as a reproach. One of the best ways to obviate this is to scatter the children. Find real homes for them in families, and have them go to school then as the child of the family."—*Child Saving in Baltimore*.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



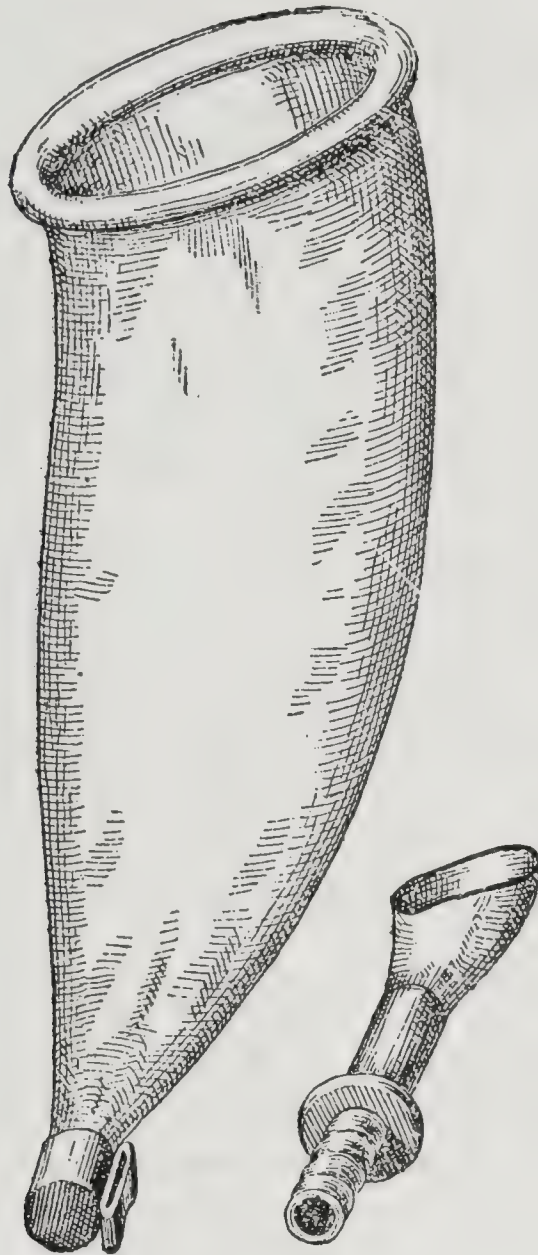
CARBOLIC ACID IN SMALLPOX.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in the *Lancet* on this subject as follows: "Neech and Hodgson report the results of the further use of their method of treatment of smallpox by applications of pure carbolic acid. The pure liquid acid is applied with a small camel's-hair brush each day to the vesicle over a certain area of the body, commencing with the face. The applications are continued until the vesicles dry up. One hundred and thirty-six cases were treated. Of these, thirty-five were unvaccinated and four died—a mortality of 11.4 per cent.; one hundred and one were vaccinated, of whom one died—a mortality of 0.99 per cent. Carboluria was noted in only two cases. The acid caused no pain and completely relieved the itching. Ulceration in the pustular stage was prevented, and the tendency to scar formation was greatly lessened. The offensive odor was done away with, the fever range was lowered, and the risk of infection by aerial connection greatly lessened. Complications were entirely absent, and the patients were discharged with safety a week or two weeks before the usual time."

METHOD OF EXAMINING STOOLS FOR GALLSTONES AND OTHER SOLID BODIES.—Dr. Howard Lilienthal recommends the following method in the *Medical Record*: "Take a loop of telegraph wire a few inches greater in diameter than the entire top of the closet seat, and fasten to this a bag of at least two thicknesses of dressing-gauze or mosquito-netting. The bag may be sewn to the wire or simply held by safety-pins, but it should be made very full, so that when the hoop is in place the wire shall be well below the level of the seat and out of the way, while the bag shall hang down into the water at the bottom of the bowl. If the patient is not confined to bed, he defecates into the closet, and then simply opens the water-valve often enough to wash away all soluble and amorphous matter, while solid bodies will be left in the bag. If the patient is confined to bed, the stool must, of course, be carried to the closet. It is best not to put paper in with the stool. In rural districts where there may be no plumbing the same procedure may be followed, except that the water must be carried to the privy and poured through by hand."

OXYGEN IN VOMITING.—It is stated in *Treatment* that in the various forms of persistent vomiting, functional, reflex, and organic, no other means has proved as uniformly effectual as inhalation of oxygen. It is perfectly harmless under all conditions, requires no effort on the part of the patient, and involves no suffering nor after-effects of a disagreeable character. Being administered by the lungs, it not only acts independently of vomiting, which may continue for a time, but is peculiarly serviceable in such cases as those of gastric neurosis, irritability, inflammation, or ulcer, in which it is undesirable or useless to intro-

duce anything into the stomach, or after laparotomy, when, in addition to this, retching is particularly obnoxious.

A NEW FEMALE URINAL.—Dr. Frederick Grosse describes in the *Medical Record* a urinal which he had made for a patient to whom the ordinary kinds were useless. He also recommends it for use during menstruation. He says: "I devised an apparatus which, on being inserted into the vagina, could drain



away the fluids without touching even the labia. This apparatus consisted of an annular brim of a watch-spring, about one and one-half inches in diameter, covered with rubber dam, and attached to it a small bag of the same soft material, the tapered end of which was fastened to a hard-rubber piece which allowed a rubber pipe to be drawn over it, to lead off the discharges into a vessel below the bed. The apparatus was easy to introduce, caused no complaints whatever, and worked excellently, so that the patient lay absolutely dry, and could be kept clean. The insertion is done by the woman herself introducing the ring about three inches into the vagina. A slight traction with the bag in an angle of forty-five degrees will bring it behind the hymenial ring, where a slight resistance will give the signal to stop, and the instrument will rest safely. A little stronger traction in different directions will remove it without difficulty.

SEASICKNESS.—Shelmerdine in a paper in *American Medicine* says: "Most cases of seasickness may be prevented. Treatment should start ten days before sailing. Podophyllin, three milligrammes (one-twentieth grain) four times daily. Third, sixth, and the day before sailing give calomel, 0.13 grammes (two grains) in divided doses. The night before sailing a bottle of magnesium citrate should be given. Five days before sailing give sodium bromide, 0.32 grammes (five grains) twice daily and continue this until the patient has acquired 'sea-legs.' On board ship great care must be taken to keep the bowels in a loose condition until all danger of nausea has passed away. According to the individual, the doses may have to be increased or diminished. The main object is to cleanse the bowels thoroughly and thus get rid of as much bile as possible. In many cases this treatment will prevent seasickness, and if a person becomes sick who has followed this method, he will have a very light attack and will not suffer so much as he would have suffered had he gone abroad without having had a good cleaning out."

DIRECTION OF COUGH.—The *New York and Philadelphia Medical Journal* in a synopsis of an article in a Spanish contemporary says: "Malo sounds a note of warning against unnecessary coughing—that is, coughing which has not the expulsion of sputum for its object. In his opinion, excoriation of the laryngeal epithelium, and especially of that covering the vocal cords, is the too frequent result of coughing, the surfaces being robbed of the protection of their investing epithelium and laid bare to the inoculation *in situ* of pathogenic organisms contained in the sputum. He believes, therefore, that the patient should be instructed to cultivate that self-control necessary to the repression of excessive and violent coughing; and the danger of infection of the respiratory and alimentary tract through the swallowing of sputum should also be pointed out. The author gives specific directions as to the expulsion of sputum with a minimum of exertion to the patient and of danger to those surrounding him, and emphasizes the necessity for the observance of the generally recognized precautions against transmission of infection through the sputum."

RADIUM IN MEDICINE.—Dr. Samuel G. Tracy in an article in the *New York and Philadelphia Medical Journal* on the therapeutical possibilities of radium speaks of the new physical property of radium, the phenomenon of induced radio-activity. He found that normal salt solution was a good medium for the manifestation of this phenomenon. Into a bottle containing the solution he inserted two hermetically sealed tubes of radium bromide. These remained in the solution twenty-four hours and were then removed. Photographs of various objects were taken by means of half-an-ounce of this radio-active saline solution. As the emanations from radium destroy germs and check fermentation, this "radium fluid" may be used for the same purpose. Dr. Tracy thinks there is reasonable ground for hope that it may be administered internally and the fight against bacterial diseases be waged directly in the tissues affected through the agency of the blood and lymph circulation and the various internal secretions. It may strike at the root of the disease in typhoid, diphtheria, tuberculosis, and other infectious diseases; also in fermentative gastro-intestinal indigestion and malignant disease of the stomach and intestine. The radium fluid can be used on compresses in surgical dressings and as a spray in catarrhal affections of nose, throat, and lungs. The radio-activity may be intensified by exposing the patient to the ultra violet rays and by administering quinine.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

JOHNS HOPKINS'S LOSS

HOUSES WORTH ONE MILLION THREE HUNDRED THOUSAND DOLLARS IN HOSPITAL
ENDOWMENT.

ONE of the results of the Baltimore disaster has been the serious crippling of the work of the Johns Hopkins Hospital, whose income was largely derived from the rent of buildings which it owned in the burned district. Sixty-eight warehouses, widely scattered, belonging to the hospital have been destroyed and the hospital has lost the income from them for possibly two years.

The hospital property destroyed aggregates nearly one million three hundred thousand dollars. Owing to the complete destruction of the general office of the hospital, on Holliday Street, it is impossible to estimate how much insurance may be recovered.

The money derived from the rental of these buildings, which is estimated at one hundred thousand dollars a year, was devoted to the free work of the hospital, with about thirty-five thousand dollars derived from the rental of other property in control of the trustees.

Under these circumstances it is evident that the free work of the hospital must be severely affected. This, of course, carries with it the cutting down of the chemical facilities of the medical school, which have hitherto been a unique feature of an institution which has done much to revolutionize medical education in America.

Unless a large sum can be acquired for the support of its free wards, the work of the hospital and medical school must be greatly cut down.

The buildings occupied by the hospital for the care of patients were a long distance from the fire and are uninjured. Only the endowment has suffered, and the reduction of regular funds must curtail the work in many departments unless some means can be devised to make up the loss of income for at least two years. It is hoped by the trustees of the institution that philanthropists and public benefactors throughout the country will contribute to an emergency fund to tide over this period.

The property owned by the institution that was destroyed was as follows:

West Baltimore Street—10, 12, 100, 102, 104, 106.

South Calvert Street—116, 118.

Commerce Street—107, 109, 111, 119.

Large warehouse in Exchange Alley.

South Frederick Street—110, 111, 113, 115, 117.

Commercial building on Gay Street.

Grant Street—10.

Hanover Street—13, 15, 21.

Rialto Building, 33 South Holliday Street.

Hollingsworth Street—107.

Light Street—31, 33, 35, 111, 113, 115, 117, 119, 121, 123, 125.

East Lombard Street—102, 104, 115, 117, 301, 303, 305, 307, 401, 502, 504, 506, 508, 510, 512, 509, 511, 513, 515, 600, 602, 604, 606, 608.

East Pratt Street—100, 102, 104, 106, 108, 406.

South Street—30, 36, 114.

MANY improvements have been made during the past year in the Brokaw Hospital, Bloomington, Ill. The operating-room and Nurses' Home have been renovated, the grounds put in excellent order, and the work of the past year shows an increase of fifty per cent. Mr. Brokaw has given the hospital forty thousand dollars as an endowment fund. The Training-School, under the supervision of Miss Flate, will include district nursing as an additional branch of instruction in the coming year.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

MISS HELEN WELLS, of Saginaw, Mich., has presented the General Hospital with a gift of thirty thousand dollars for the purpose of erecting a building for the care of consumptives to be erected on the grounds of the hospital. The building is given as a memorial to her father and mother. The Saginaw General Hospital made a beginning in 1887 with sixteen beds, has now accommodation for forty patients, and after the completion of the new wards will have a capacity of sixty beds. Miss Annie M. Coleman, the superintendent, is taking the course in Hospital Economics at Teachers College, New York, and will return to her position upon the completion of the course. She attended the Tuberculosis Exposition recently held in Baltimore in the interest of the Saginaw Hospital. This hospital has also received a gift of seven thousand five hundred dollars from Mr. and Mrs. Charles E. Davis for the purpose of a nurses' home.

JOSEPH O. NICHOLS, eighty years old, of 339 Washington Street, Newark, N. J., gave to the city recently a check for twenty-four thousand dollars, the residue of the estate of his cousin, Joseph Nichols, who died twenty years ago and left a will providing that the amount be turned over to the body controlling the City Hospital. Mr. Nichols, when he called at the Mayor's office, said that in giving the check he performed his last obligation as executor.

TRAINING-SCHOOL NOTES

THREE Greek maidens, two sent by the Crown Princess Sophia and one here by her own endeavor, arrived recently on the Cunarder *Aurania*, and for four years will devote their time to advanced study as nurses. Two are sturdy descendants of the heroes that held the pass at Thermopylæ, and the third, though a Greek, was born and lives in Turkish territory. On their arrival they went direct to the Greek hotel in Forty-second Street, and from there they went to Boston, two to begin their studies in the Baptist Hospital there, and one at the Massachusetts General Hospital.

Matilda Devrishoglou is a native of Brousa, Turkey, and last year was graduated from the American College at Smyrna. The maids of Princess Sophia are Miss Andro Meike Kalaphati, the daughter of a Greek merchant, and Miss

Eliphthera Patalon, the daughter of a teacher on the island of Kithera. They were graduated from the St. Sophia Children's Hospital, founded three years ago by the Crown Princess.

IN the latter part of October, 1903, the officers and head nurses of the Metropolitan Training-School, Blackwell's Island, formed a club for obtaining general information on nursing subjects and current events. The members of the Metropolitan Question Club meet every week, and once a month the evening is devoted to some social function. In one instance a farewell reception was given to the outgoing staff, another evening found the club and many of its professional friends at an exhibition of radium at the Museum of Natural History. The Metropolitan Hospital having an X-ray room, a very interesting evening was spent there. The business meetings have been of the greatest benefit to the nurses, as in many instances when certain subjects were presented they would be discussed from the various points of view before a decision had been reached.

THROUGH the munificent gift of Mrs. William K. Vanderbilt visiting nursing is about to be established in connection with the Training-School of the Presbyterian Hospital of New York City. The nursing will be carried on in the ambulance district of the hospital, and in connection with the dispensary and accident ward services. Five pupil nurses will be sent out under the direction of a graduate, whose duty it will be to give instruction in home methods of caring for the sick poor. Daily reports of the condition under which the patients live, of the instruction given for hygienic improvement, etc., will be returned to the hospital. One nurse will be detailed to aid in carrying on the work among the tubercular patients of the Vanderbilt Clinic. Arrangements will also be made for the nurses to provide proper nourishment for these patients.

MISS FRANCINE FREESE, of Ithaca, Cayuga County, N. Y., has been made superintendent of nurses at the Cumberland Hospital, Cumberland, Md., a general hospital of sixty beds and twelve nurses. Miss Freese was graduated from the Johns Hopkins Training-School in 1901 and has since been successively head nurse, supervisor, night superintendent, and assistant day superintendent at her alma mater. She takes with her the congratulations and good wishes of all with whom she has ever been associated. The Johns Hopkins Class of 1901 comprised only eighteen members, and of these Miss Freese is the second to attain the headship of a training-school, the first being Miss Etha Butcher, of Chandlerville, Ill., in charge of the Hoyt Memorial Hospital at Shansi, India.

THE senior class of the Presbyterian Hospital, New York City, has just completed a course of five lessons in "Parliamentary Procedure." These lessons, which are purely practical, were conducted by Miss Adele M. Field, of The League for Political Education. They are highly instructive and interesting, and the class upon graduation will be ably fitted for its *alumnæ* duties. A course of training in reading aloud, under Miss Mary S. Thompson, director of the Bell School of Speech, has been added to the curriculum.

MISS MARY HYDE, of the Class of 1899 of the Toronto General Hospital, is now superintendent of the General Hospital, Dauphin, N. W. T. Miss Hyde writes that everything is quite up to date in this hospital, and that a maternity and infectious cottage will be built in the near future. They have a great deal of

surgical work, a training-school having a three-years' course, electric light, and telephone service, and the hospital is nice and cosy, notwithstanding an outside temperature of 40° below zero.

MISS KATHERINE FITCH, of Ohio, Johns Hopkins Training-School, Class of 1899, has become superintendent of nurses at the Fabiola Hospital, San Francisco, Cal., a general hospital of one hundred beds with thirty nurses and a three-years' course. Miss Fitch, since her graduation, has been successively head nurse of a woman's ward and head nurse in the gynæcological operating-room at the Johns Hopkins Hospital, and assistant superintendent of nurses at the hospital in Salt Lake City, Utah.

MISS NANCY E. CADMUS has resigned as superintendent of the Faxon Hospital, in Utica, N. Y., to accept a similar position at the S. R. Smith Infirmary, Staten Island, succeeding Miss Alice I. Twitchell, resigned. Miss Cadmus is a graduate of the Presbyterian Hospital, New York, holding a number of subordinate executive positions in that hospital before going to Utica four years ago. Under her able management the Faxon Hospital has reached a high standard of excellence.

MISS FRANCES A. STONE has resigned her position as assistant superintendent of the Training-School of the Presbyterian Hospital, New York, to take charge of the new private hospital at Cory Hill, Brookline, Mass. Miss Stone is a graduate of the Presbyterian School, and has been Miss Maxwell's assistant for four years.

MRS. J. B. CHRISTIE has succeeded Miss Stone as assistant superintendent of the Training-School of the Presbyterian Hospital. Mrs. Christie is a graduate of the school and has held several important subordinate positions in the hospital since her graduation.

THE General Hospital, Stratford, Mass., just completed a residence for nurses, which was presented by Mr. Ballentyne as a memorial to his late wife. The residence was opened with appropriate ceremonies on January 6, 1904.

MISS MARGARET WOOD, a graduate of Toronto General Hospital, of the Class of 1903, has been appointed night superintendent of the Delaware Hospital, Wilmington, Del. Her duties will commence March 1.

MISS RUTH ADAMSON, of Sweden, graduate of the Johns Hopkins Training-School, Class of 1902, has taken permanent charge of the new Emergency Hospital of Annapolis, Md.

MISS VIRGINIA RICE, Johns Hopkins Training-School, Class of 1899, has taken charge of the Children's Hospital of Los Angeles, California.

PERSONAL

MISS A. B. HILL, who graduated from the New York Hospital in 1895, and Miss A. E. Holmes, Class of 1896, who have been nursing in the English army in South Africa, though English, were called "the two American Sisters," and are

quite proud of the title and of their American training. The medical officers were always saying "The Americans do the best work in camp." Miss Hill has received by letter the thanks of the Commander-in-Chief—Lord Kitchener—for her service, which had been brought to his notice. The same honor awaits Miss Holmes upon her return. These nurses are the two chosen for this honor by the principal medical officer. Miss Hill is now at her home in England, and Miss Holmes expects soon to return to America.

MISS MARGUERITE CLENDENNING, of the Class of 1900 of the Toronto General Hospital, who has held the position of superintendent of the City Hospital, Vancouver, B. C., for the last six years, resigned, and was married early in January to Dr. Hart, of Vancouver. Miss Isabel Turner, a graduate of the same school, of the Class of 1892, has been appointed to succeed Miss Clendenning, and Miss Anna Booth, Class of 1894, and Nellie McDonald, Class of 1892, have received appointments as head nurses in the City Hospital, Vancouver, B. C.

MISS MARY A. FISHER resigned as superintendent of the Pottstown (Pa.) Hospital and is succeeded by Miss Marie Rund, of Philadelphia, who is about finishing her course as student and will graduate in June. Miss Fisher has gone to Reading, where she will remain a short time previous to going South. Miss Fisher is a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, Class of 1889.

MISS RHODA PACKARD, of Providence, R. I., Johns Hopkins, Class of 1901, has been obliged by ill-health to give up her district nursing at the Sea and Land House, New York City, and remain quietly at home for some time. Miss Packard has done this arduous work ever since her graduation and is deeply interested in it. All who know her wish her a quick return to health and activity.

MISS JENNIE HALLIDAY, graduate General Hospital, Toronto, of the Class of 1893, has returned from Los Angeles, Cal., where she has been resident for many years, and is established in London, Ont., as a masseuse, having recently taken a post-graduate course in this work at Dr. Weir Mitchell's, Philadelphia.

MISS JANE SYLVESTER, of Maryland, Johns Hopkins, Class of 1897, who has been doing both institutional and private nursing for the past seven years, has opened a sanitarium of her own in Washington, D. C., with every prospect of success in her new line of work.

MISS M. G. O'BRIEN, Johns Hopkins, Class of 1897, who has been for two years the Baltimore agent of the Thomas Wilson Children's Sanitarium at Mt. Wilson, Md., has resigned. Miss Gertrude Miller, Class of 1900, has taken her place.

MISS HATTIE A. BUNNELL, who has been superintendent of the Herkimer (N. Y.) Emergency Hospital since its opening, has resigned. Her successor is Miss Clara J. Hurd, of Norway, who has been the assistant superintendent.

MISS SNIVELY has been asked to read a paper at the Berlin (Germany) Conference, June 12, 1904, on the subject, "A Proper Basis for Registration as Regards Education, etc., for Nurses in Canada."

MISS ANNAH WINN, Johns Hopkins, Class of 1897, after seven years of hospital and private work in Baltimore, has begun private nursing in New York City.

MISS JESSIE GREEN, Toronto General Hospital, of the Class of 1893, has gone to Montreal to do nursing in connection with the Victorian Order as district nurse.

MISS ALMA BROWN, graduate Toronto General Hospital, is at present nursing in the Sanitarium in Grand Rapids, Mich.



STOMACH LAVAGE WITHOUT THE TUBE.—N. R. Gordon says in the *Alkaloidal Clinic* that in catarrh of the stomach and in nearly all forms of dyspepsia, especially the atonic variety connected with dilatation, washing out the stomach is the most valuable treatment that can be used. Most forms of gastric indigestion are accompanied by dilatation of the stomach to a greater or less degree. The greater curve of the stomach is increased, forming a bag, which serves as a receptacle for the prolonged retention of a portion of its contents. The downward extension of the stomach is frequently increased from ten to twelve inches over the normal. Thus the stomach is not able to expel through the pylorus all of its contents without some artificial assistance. There is a continual residue of stomach contents, consisting of food and secretions, which remain to ferment and contaminate the fresh supply of ingesta. The writer gives the following method for washing out the stomach: Soon after rising in the morning the patient should sip a pint of warm water containing a little salt; he should then lie down on the back and turn from one side to the other rapidly from ten to fifteen times; then turn on the left side and draw up the knees slightly; then make a voluntary contraction of the diaphragm and recti muscles. Repeat this from ten to fifteen times with a few minutes' rest between every three or four contractions. Then turn to the right side, repeating the same operation. Rest on the right side from forty to sixty minutes, giving time for the entire stomach contents to pass out through the pylorus into the duodenum. Many cases of dyspepsia can be cured by this process. The diet must be simple, and the patient should never eat until he is hungry.

HYPERPYREXIA IN MEASLES.—E. Barnes reports in the *British Medical Journal* a recent epidemic of measles in which he treated about fifty cases. Four of these died, all from hyperpyrexia. They all had lung complications. The temperature in each of three cases reached about 106° F. In the fourth case it ran up to 111° F. This temperature was confirmed by three thermometers. The treatment adopted was the application of cold to the body, tepid baths with ice added, and ice to the head. No effect was seen on the temperature.

THE GUILD OF ST. BARNABAS

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HAS FICTION A USE IN THE WORLD OF LITERATURE?

HAS fiction a use in the world of literature? This question is answered by many with a decided negative, by others with a faltering and more or less qualified affirmative.

It is hard for us to throw off the shackles of Puritan tradition and boldly assert that what is usually called light reading may be of absolute value to us. But let us look into this matter a little deeper.

In no department of literature may greater beauty of style be found than in fiction, and this is of primary importance. Take Hawthorne's novels and dwell on their purity and clearness. Never was more elegant English written than in those masterpieces, or in Irving's incomparable sketches.

Fiction is a wonderful vehicle, too, for imparting valuable information. Many a one who would shrink from pure history is an untiring devourer of the historical novel, and were all heavier tomes burned, the *Henri Quatre* of Dumas and the *Louis XI.* of Scott would serve to immortalize the characters of these so widely differing Kings of France.

Facts are too often embalmed in the pages of the historian, while they live in those of the novelist. Could every historian write as did Parkman and Motley, we need not seek the pages of "*Marguerite de Valois*" or "*Quentin Durward*," but few ever attain to the masterly style which makes the works of our two great American historians glow with the touch of an enchanter's wand. Dumas and Scott have taught more history than Freeman and Hume ever wrote.

Instead of thinking that such a king was born at a certain date or died after so many events, we see the heroic figures which the pens of the great fiction writers have drawn for us, and this is really history—that the men, women, and events of the past should live in our minds.

"True," some may say, "history is a good thing, even though so unexactly drawn, but what about the books of pure fancy?"

If a book of pure fancy could be written, it might be a joy, but it would hardly be possible to write anything in which facts did not play a certain part. They are everywhere, and we can never escape them.

But dealing with fancy, what could be lovelier and better for us than works of imagination? Beginning with the fairy stories that delighted our childhood, let us own that to wander in those enchanted fields is a priceless boon for our little ones. They live in a world of their own, from which they emerge all too soon, and this world is peopled largely with the personages of the good old fairy-tales.

As we grow older and our imagination is harder to awaken, we depend on stronger books in which more facts find their way, but I am sure none of us would ever lose our grasp of the dear fairies. Their silver wings still flit before

us when we can spare time to follow them, and the glamour of fairy-land is not quite lost.

In our work-a-day world we are prone to become too serious and to verge towards a Gradgrind view of things. We are so critical, so exact, and so fearfully improving that we forget to imagine—to make-believe, as the children say.

We need this very element, and blessed be the book that supplies it. As to the novel proper, it is often a view of the great world, of different aspects of society, and it is the fashion to criticise these books for being unreal and false.

It is really astonishing what valuable things may be picked up from rather second-rate books sometimes. The writer remembers well in her girlhood conversing at an evening party most fluently on some of the modern French portrait painters, and when an astonished friend asked her where she ever heard of Carolus Duran, replying with great glee that she had read about him in some books of Ouida's!

But the great novelists do not confine themselves to the plot alone, but attain their greatest triumphs in the delineation of character. Here, too, the Gradgrinds cry: "Where did they ever find such people? *I* never saw any." No writer was more given to exaggeration in character drawing than Dickens, and how often do we hear people say, "Only Dickens could have done justice to such and such a person of my acquaintance"?

Another interesting point about fiction is its presentation of different views of life. It is certainly fascinating to get another thought about the situation we all know so well. The rubbing of one mind against another is a fine polish for many a rugged, stony opinion.

But under all this and over all this is the one thing which to the writer's mind lifts fiction-writing to the height of an art, and that is the sympathy and fellow-feeling it awakens in the mind of the reader. Beyond our little world, our round of petty cares, is the great world of life, with its millions of living, breathing, loving, suffering, and dying human creatures, our brothers and sisters, beings of like passions with ourselves.

We know they exist, we know they joy and grieve, we know they strive and conquer, we know they live and die. We know it, but do we realize it? Not much, unless when Baltimore burns or Japan goes to war. But in the mimic page we see them and feel for them—for their daily toil and struggles, their gains and losses.

They are real to us then, and truly they *are* real, for they represent some of the innumerable phases of this wonderful life of ours. "They are *not* real," you cry; "these things never happened." Perhaps not, but they might have happened, and that is the same thing. It is good for us to shiver with their cold, to burn with their passions, to feel for them—that is the point, to stop fretting over ourselves and to feel for others. There are people of such vivid sympathies that they can sit in a comfortable rocking-chair and weep over the famine babies in India which they read about in the newspaper, and send them a check afterwards, but most of us have been more moved by the death of Paul Dombey or of Little Nell. The reason that these so-called unreal things appeal to us more than journalistic facts is because they are told with more art and appeal more to our imagination. When we read about pathetic facts we try to persuade ourselves that they are not true, but when we read pathetic fiction we feel the truth to the bottom of our hearts and want to help those unfortunate ones.

There is nothing in fiction which may not be equalled and is usually excelled

in the world of facts. We know so little of what goes on in the world that it takes the pen of the poet or the fancy of the novelist to point it out to us.

We all know that love is God's greatest gift to man. To awaken love and sympathy for others is a noble task, and this the writer of fiction may do for us. Let us, then, get all we can from the pages of genius or even from the books of those who can only boast of perception and cleverness, remembering that though we can never, in our little lives, see but a very small part of the world and its creatures with our bodily eyes, with the eye of imagination we can see the whole vast universe.

This can never be true for the Gradgrinds of life, but to the lucky possessor of imagination and sympathy it is a reality of the deepest and truest kind.

S. M. D.

BOSTON, MASS.—The January meeting of the St. Barnabas Guild was held on Wednesday evening, January 27, at eight o'clock, at St. Andrew's Parish-House. A resolution was passed at the business meeting in regard to sending out postal cards to all the nurses belonging to the guild, these cards to be printed with blank spaces, which could be filled out with the name of a sick nurse. The card could then be easily sent to the Visiting Committee, and then the sick nurse would be visited. Three new nurses were admitted to the guild, Miss Carolyn Wheeler, Miss Annie B. Rose, and Miss Jamieson, and two new nurses, Miss Edna Richer, of the Children's General Hospital, and Miss Sadie Nelson, of the Queen Victoria Hospital, London, were proposed for membership; also the name of Mrs. Herbert Windeler was proposed as an associate member. The text for the sermon, which was delivered by the Rev. Mr. Prescott, was from Matthew x., "Thou shalt worship the Lord, and Him only shalt thou serve." Mr. Prescott dwelt upon the fact that worship was necessary in order to preserve the reality and depth of our religious life. Real worship consists in a conscious expression of the presence and existence of God. He also spoke of the necessity of never lowering one's standard, and of not being diverted, even by intellectual pursuits, from walking in the way which God has shown us. After the service a particularly pleasant hour was passed in the parish-room. The Rev. Mr. Kidner gave a most delightful account of an illness which he had had while in England last summer. The illness was, of course, to be deeply deplored, but the members of the guild were the richer for a most amusing account of gentle masterfulness of an English nurse, some kindly fun about the profession generally, and then, finally, Mr. Kidner gave a most interesting account of the homes which the English nurses establish after leaving the hospital. They are presided over by a matron, often the mother of one of the nurses, who is always there to welcome back the tired and returning nurse and to speed the fresh and departing sister. This homelike atmosphere seems certainly more attractive than the lonely room in a boarding-house, which is often all that awaits the American nurse as she returns from a hard case. One feels that a suggestion of this kind is worthy of the thought of our guild.

ORANGE, N. J.—The social event of the month of January was the reception given by Miss Margaret Pierson at her residence on Hillyer Street, where we had the honor of meeting Bishop and Mrs. Lines. A large gathering of members attended during the afternoon and enjoyed a very pleasant social time. The sewing-meeting secured but a small attendance, owing to the prevalence of severe

sickness, but a spirited effort was made by the nurses to respond to the very cordial invitation, issued for a second time from the parish of Christ Church, Bloomfield, and those who attended the meeting there on January 28 were well repaid by the warm welcome and hearty reception accorded them. The rector, Rev. E. White, made the address. There were no new members received, but during the business meeting it was announced that the bishop, Dr. Lines, would become a member of our branch, as well as the Rev. Claudius Roome, a hitherto stray member of the guild, now rector of St. John's, Montclair. A letter of New Year's greeting was read from Miss L. Gallian, now residing with Miss Kapp at Seattle. News has been received of the birth of a son to Mrs. Claude Stratton, now residing in Sullivan, Ind., but still a member of our branch. Miss Corinne Hayward, also a member, has lately married, and will live South. Miss A. Knapp is recovering from a serious indisposition which kept her for some time in St. Barnabas Hospital.

NEWPORT, R. I.—The regular monthly meeting of the Guild of St. Barnabas for Nurses in Newport, R. I., was held at St. George's Church on the afternoon of December 10, 1903. At the business meeting which followed the service the report of the delegate to the General Council at Hartford was read, and one nurse, Miss Jennie Bull, was elected an active member of the guild. Rev. Mr. Beattie, rector of St. John's Church, read a pleasing account of his recent trip abroad. December 30, through the efforts of several associates, a Christmas party was enjoyed by the members of the guild, each nurse receiving a pretty gift from the tree. The January meeting of the guild was held in Kay Chapel on the evening of the fourteenth, and was one of the most successful meetings in the history of the guild. In the social hour after the service and business an entertaining game was played,—a fishing game,—and every one received souvenirs of the evening. One nurse was received into the guild. Thus, slowly but steadily, are we increasing in numbers and in works.



A HOME-MADE STERILIZER.—Stewart in the *Medical News* suggests the use of an ordinary wash boiler. Through the flange of the boiler-cover holes are punched, passing a string through each. To sterilize heavy bed-linen, sheets, etc., make a criss-cross network over the fabrics after packing the cover in the inverted position; put the instruments in the boiler itself, covering with about six inches of water, and add one heaping tablespoonful of washing soda, put on the cover, place the whole on a stove, and boil hard for ten minutes. Then let the apparatus cool. There is a distinct advantage in commencing the operation with cold water and again gradually lowering the temperature after boiling. When the cover is finally lifted it is a sterile tray and should be stood bottom upward on a convenient table, the strings severed, and its contents be allowed to remain undisturbed until each is required. Care should be used in disinfecting oily instruments by boiling, as water covered with a layer of oil may be raised to about 120° C., when it begins to boil explosively.

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[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

ASSOCIATED ALUMNÆ

THE Executive Committee begs to call the attention of the societies having a membership in the National Association to the following points: Names of delegates to the seventh annual convention should be sent in as early as possible. Societies are entitled to one delegate with one vote for each fifty members.

There will be a reduced railway rate arranged for, and in order to facilitate this, if the names of delegates and others who are contemplating attending the convention were to be sent in promptly, much unnecessary work would be saved.

Societies are asked to consider the feasibility of sending delegates to the International Congress in Berlin to be held on June 13, and to send to the secretary of the National Association, 120 East Thirty-first Street, New York, these names, together with the names of the delegates to the National Convention in Philadelphia.

Nurses wishing the pin of the National Council of Women may obtain it by writing to the national secretary. This pin all nurses who are members of the Associated Alumnæ are entitled to possess, since through the American Federation of Nurses we are members of the National Council of Women.

The convention will be held on Wednesday, Thursday, and Friday, May 11, 12, and 13, and a programme in detail will be given next month.

MARY E. THORNTON, Secretary.

ELIGIBLE LIST OF VOLUNTEER NURSES

THE Surgeon-General has deemed it advisable to open in his office what shall be known as the "Eligible List of Volunteer Nurses." The names of acceptable graduate nurses who are willing to serve in time of war or national emergency will constitute this list, and the requirements for enrollment shall be as follows:

Applicants must have graduated from a training-school for nurses which gives a thorough professional education, both theoretical and practical, and which requires at least a two-years' residence in an acceptable general hospital of not less than fifty beds. Graduates from special hospitals, from insane asylums, or private sanatoria will not be considered unless their training has been supplemented by not less than six months in a large general hospital.

Application for enrollment must be made to the Surgeon-General, and before being accepted the applicant must submit the following:

1. A statement of her physical condition filled out in her own handwriting and sworn to before a notary public.
2. A certificate of her health from at least one reputable physician personally acquainted with the applicant.
3. The name of the school and the date of her graduation.
4. A certificate concerning the moral, physical, and professional qualifications of the applicant as shown by the records of the hospital will be furnished by the superintendent of the training-school from which the applicant graduated. If she was trained under a former superintendent of nurses, her endorsement is also desirable.

Blanks for these purposes will be furnished by the Surgeon-General.

Approved candidates will be placed on the eligible list for appointment in event of war or national calamity.

Each nurse must agree to enter active service as she may be needed in time of war or national calamity. On the first of January and the first of July of every year she shall report by letter to the Surgeon-General, giving her address and enclosing a certificate from some reputable physician showing the condition of her health at that time.

When called into active service these nurses will be subject to all established rules and regulations and will receive the pay and allowances of nurses of the Army Nurse Corps, as set forth in General Orders No. 54, War Department, November 16, 1903.

DITA H. KINNEY,
Superintendent Army Nurse Corps.

REPORT OF HOSPITAL ECONOMICS COURSE FOR DECEMBER AND JANUARY, 1903-4

To Miss Banfield, Chairman.

Our large class of experienced women is most gratifying, and is a sign of the growth and development which we have cherished since the work first started. There is no doubt that the nurses of the West are wide awake to the full interests of this movement. We could not ask for better encouragement than to have more just such women register for next year's class. The new circular for 1904-1905 will soon be out, and the secretary of Teachers College will be pleased to send copies on application.

Another significant feature is the interest shown by the contributions from alumnae associations. In December the Associated Alumnae of the House of the Good Shepherd of Syracuse contributed ten dollars to the course, with many regrets that they were unable to give as liberally as they desired. In January the Brooklyn Homœopathic Alumnae Association contributed nineteen dollars to the endowment fund. This is the fourth association to substantially express its good wishes since last October. May this contagion spread to the innumerable associations throughout the country. A little help from each would place the course on a proper basis, not only from our standpoint, but that of the college as well.

The present class has a splendid standing throughout the college departments. I am daily cheered by complimentary speeches made by their fellow-

students and instructors. What we need is the financial backing, that the course may do for them what they are doing for the course.

The serious illness of Dr. Wood has taken him from the college this year. Several doctors who are specialists in various lines of work have volunteered their assistance in completing the work for the second half year. Dr. Bigelow and Dr. Thorndike, of the college faculty, will lecture also. Dr. McMurray and Miss Kinne have kindly offered their aid in "Methods of Teaching" with special reference to nursing subjects.

The excursions since the last report, as mentioned in the reports by the students, have been to the Walker-Gordon Laboratory, Nurses' Settlement, and Post-Graduate Hospital.

Miss Banfield lectured to the class in December, and Miss Goodrich gave two of her lectures in January.

Mid-year examinations began January 20 and occupied two-weeks' time. So far as the reports are in, the students rank well with those of other departments.

Invitations have been received as follows: Fiftieth anniversary of the New York Infirmary; commencement exercises of Bellevue Hospital; lecture on India at St. Luke's Hospital.

A. L. ALLINE.

DIRECTORS' MEETING

At a meeting of the directors of THE AMERICAN JOURNAL OF NURSING Company, held in New York on January 22, Miss Isabel McIsaac, of Chicago, was elected president; Miss M. M. Riddle, of Boston, treasurer, and Miss A. D. Van Kirk, of New York, secretary.

A. D. VAN KIRK, Secretary.

CONTAGIOUS AND SCHOOL WORK IN NEW YORK

A VERY important branch of nursing is that of the "contagious nurses" in New York, and one that should be highly commended.

The staff is small, only four at present being in the field, but a great amount of work is accomplished. One nurse takes the diphtheria cases, and while it may seem almost impossible for one to look after all the needy patients suffering from this disease, still, if we consider that with the use of antitoxin very much less nursing is required, she can manage very well.

Two nurses devote their time to scarlet fever and are kept busy. Many complications are found, and the disease is long-drawn-out on account of the desquamation. A short time ago a girl nine years of age was found working on fancy braid that was being prepared for sale, and after being warned not to do so still persisted. The child was removed to the hospital at once until the "peeling" had stopped, and the house fumigated. This shows how watchful the nurses must be and how numbers of people, maybe many miles distant, are protected from contagion by their efforts.

The fourth nurse looks after those suffering with measles, and all precautions are taken, but the patients are never so ill as with scarlet fever.

The nurses at present engaged in the work are Mrs. M. J. Peltier, Miss Edith Abrams, Mrs. J. R. Dunn, Miss Susan McCusker. Until recently Miss McNamara and Miss M. Anderson were on the staff, but they resigned and the last two named have taken their places.

The Department of Health provides this essential service for the sick poor

of the city and will increase it as the needs arise. This branch of service comes under the same supervision as the school work.

The school nursing continues to increase both in staff and area. A nurse has been placed permanently on Staten Island; one has been assigned to the Bronx and one in Long Island City, Borough of Queens. It was thought by some that the new administration would not be as much in favor of the work as was previously shown, but Dr. Darlington, our new Commissioner, is much interested and has shown his effort to continue its success by adding six more nurses. Those appointed recently are Miss Margaret Butler, Post-Graduate Hospital, Class of 1898; Miss Dora Breugel, St. Mary's Hospital, Brooklyn, Class of 1892; Miss Anna Murphy, Post-Graduate Hospital, Class of 1893; Miss Jeannette McMillan, New York City Training-School, Class of 1893; Miss Lilian Lovering, Post-Graduate Hospital, Class of 1901; Miss Estelle Mease, Smith Infirmary, Staten Island, Class of 1894.

The appropriation this year is forty-seven thousand dollars, an increase of seventeen thousand dollars over last year.

The number of schools now covered is one hundred and fifty. Some among these are parochial and industrial schools.

Communications are constantly being received from the principals and from the local School Boards asking to have nurses sent to their schools. One quite recently came from the secretary of the Board of Education.

LINA L. ROGERS.

SPANISH-AMERICAN WAR NURSES

CAN any reader of the JOURNAL supply the present address of any of the following list of nurses?

Miss Bates, now Mrs. J. H. Hickson; Miss Annie H. Beaton, Miss Wilhelmina Bohnert, Mrs. Clara H. Borron, Miss Lily Brand, married, name unknown; Miss Elizabeth Champ, Miss Emma F. Cooper, Miss Annie Cosgrove, Miss Nella Crist, Miss Mary A. Curley, now Mrs. Robert Stewart; Miss Mary C. Daly, Miss Julia J. Deeley, now Mrs. Robert Patterson; Miss Frances Denner, M.D., Miss Eunice C. Earle, Mrs. Sarah Ennies, now Mrs. Brooks; Miss Amy Farquharson, Miss Minnie Huff, Miss Elizabeth Hunter, Miss Julia M. Gleason, Miss Myrtle A. King, Miss Helen M. Lathrop, Mrs. Catherine Mills, formerly Miss Graham; Miss Jennie M. Graham, now Mrs. Weddle; Miss Anna H. Gray, Miss Maud Guthrie, now Mrs. Kerr; Miss Mary D. Hill, Miss Amy E. Holmes, Miss Matilda L. Johnson, Miss Elizabeth A. Kell, now Mrs. P. Carroll; Miss Mabel I. Lake, Miss Grace Lansingh, now Mrs. T. S. Wiles; Miss Florence Linton, Mrs. McCaughey, Miss Anna M. McCleary, Miss Alice McDonald, Miss K. L. McDonnell, Miss Alicia Mackenzie, Miss Janie McNeill, Mrs. E. Markey, Miss Florence E. Marrigat, now Mrs. Petar; Miss Anna F. Casey, now Mrs. A. C. Murphy; Miss Catherine T. Mathewson, Miss K. Monaghan, now Mrs. ———; Miss Florence M. Morris, Miss Eva Adele Penn, Miss Mary A. Powell, Miss Lady Elizabeth Proctor, Miss Freida Rexroth, Miss Emma Reiger, now Mrs. Lane; Miss Alberta E. Ridley, Miss Hannah Rundquist, Miss Edith Saunders, Miss Elizabeth R. Salsbury, Miss Anna D. Schultze, now Mrs. ———; Miss Lucretia L. Smart, Miss Emma F. Smith, Miss Florence A. Stickley, Miss Susie S. Summers, Miss Mary D. Talcott.

Any address supplied and forwarded will be gratefully received by

MISS R. JACKSON, Secretary,
Overbrook, Pa.

THE EUROPEAN TRIP

THE conductors of the touring party will be glad to help any nurse who is going only to Berlin and back in any way they can—purchasing tickets or giving addresses of hotels or pensions in Berlin, etc. The conductors reserve the right to make such change as the exigencies of travel may necessitate in the proposed itinerary, which is somewhat longer than the first outline as given a month ago.

It has been exceedingly difficult to arrange the tour in view of the many things that had to be considered: the convention of the Nurses' Associated Alumnae of the United States to be held in May in Philadelphia, the date of the International Congress in Berlin set for June 13, the dates for sailing as arranged by steamship lines, and then the arranging for the Western representatives so that they should lose no time en route nor be under the necessity of sending two sets of delegates.

Owing to the demand for passage at the season set for our sailing, only a limited number may be registered for the party. Therefore, to secure accommodation and prevent disappointment, it is absolutely necessary that application should be made at once. A deposit of twenty-five dollars must accompany the application in order to secure the steamer passage; berths will be allotted strictly according to priority of application.

A complete itinerary will be sent each applicant with instructions as to her baggage, advice as to clothing, etc.

As the Mediterranean steamers are taken off at a time earlier than that set for the departure of the party, England will be visited first, and will include, besides London, a pilgrimage to Warwick Castle, to Kenilworth, and to Oxford. Leaving London, a short sojourn will be made in Holland,—Amsterdam and the Hague,—with an excursion to the famous seaside resort, Scheveningen, taking Cologne and the Rhine en route for Berlin, arriving in time for the congress, June 13. The week of the congress will be spent in Berlin, and during the interim the principal attractions of the city will be visited.

At the close of the conference the party will go to Dresden, stopping on the way at Eisenach, the birthplace of Luther, to visit the celebrated castle of the Wartburg in the forest of Thuringia; from Dresden, passing through the Austrian Tyrol to Northern Italy: Venice, Florence, Milan, and the Italian Lakes; returning through the famous St. Gotthard route to Switzerland, stopping at Lucerne and Interlaken; then on to the fascinating city of Paris.

The sight-seeing will be under the direction of an accomplished lady who has had large experience in foreign life and travel. The method pursued will be rather different from that ordinarily in vogue among touring parties. No lectures or descriptions will be given in museum or gallery; it is proposed to give such evening lectures in the hotel parlors on the places to be visited the following day. Every member of the party should be provided with a convenient note-book, and use that for reference during the day. It is hoped in this way to conserve the tourists' time and direct attention to only that which is of value. Of course, all is interesting, but when one has only a limited time and purse "what not to see" is very important.

The editor of the *Easy Chair*, in commenting on the people who left Europe unvisited because they could not give all the time to it they would like, goes on to say that he always said to such people, go, if they could only be gone a

month. A day in Rome or London or Paris was a treasure such as a lifetime at home could not lay up; an hour of Venice or Florence was precious; a moment of Milan or Verona, of Sienna or Mantua, was beyond price.

JAPANESE WAR

[DR. MCGEE has issued a lengthy report to the Spanish-American War Nurses in the form of a circular letter to be mailed to each member of the society. We are unable to give the amount of space that a full publication would require, quoting only that portion of the circular that deals with the Japanese War.—ED.]

Last autumn, when war between Russia and Japan seemed approaching, I took unofficial, and then formal, steps towards the participation of our society in the work of that war. The principal step was sending the following letter to his Excellency the Minister from Japan to this country:

“October 29, 1903.

“*To his Excellency the Minister from Japan, Washington, D. C.*

“SIR: Through your Excellency, I have the honor to offer to your government, if war should be declared, the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese army. The party would consist exclusively of women who have graduated from our well-equipped training-schools for nurses requiring two or three years' residence and work in a hospital and who have also had large experience in their profession since graduation. A part of their experience was gained by regular service in the army of the United States during the Spanish War and the Philippine and Chinese campaigns, so that they are familiar with camp life and accustomed to army discipline.

“Approximately two thousand were appointed to our army during the years when the Nurse Corps was in my charge (under immediate direction of Surgeon-General Sternberg), and six hundred of those who served in 1898 belong to the association of ‘Spanish-American War Nurses,’ which was organized over three years ago and of which I have the honor to be president. The number to constitute the proposed party will, of course, depend on your wishes and on the amount of contributions to be received from the American people. Each nurse would be pledged to remain at least six months, if needed so long. I take the liberty of suggesting that I could start almost immediately after a declaration of war, taking with me a few nurses with the highest degree of surgical skill, and that additional nurses could be cabled for if the need arose.

“I presume you would desire to furnish quarters and rations from the time of arrival in Japan.

“With the earnest hope that this expression of friendship from the people of the United States will meet with the approval and sanction of your government, I have the honor to be, with high consideration,

“Your obedient servant,

(Signed) “ANITA NEWCOMB MCGEE,

“(1898–1900, Acting Assistant Surgeon of the U. S. Army,
in charge Army Nurse Corps).”

The Minister replied that he felt “deeply impressed by your offer to my government of the services of the American ex-army nurses now belonging to the association under your presidency, in case they should be needed for the Japanese army.” . . . “Undoubtedly my government will highly appreciate the generous

motives which animate you and the worthy ladies associated with you in making this offer." After expressing his opinion that peace would be preserved, he concludes as follows: "At the same time, I can assure you that the friendship and sympathy on the part of the American ladies who devote their efforts to the noble object of your association of which your letter is so graceful an evidence will be widely and cordially recognized in Japan, and to that end I shall take pleasure in communicating it to my government at the earliest opportunity."

On December 4 these letters were given to the newspapers by the Japanese Minister and widely published with his comment that "among the evidences of American good-will so abundantly shown to his country, none would awaken deeper gratitude or more sincere admiration in Japan than the offer of Dr. McGee."

The New York *Herald* cabled the letters to its foreign correspondents and cabled a reply message from Japanese ladies living in London and meeting at the Japanese legation. In this message, which is signed by the wife of the Minister and the wife of Sir Edwin Arnold (who is Japanese), they refer to their "inexpressible joy and gratitude" and say they "desire to offer those ladies by the present message a tribute of sisterly affection and thanks for such a deed of womanly sympathy. They consider that by this example East and West have embraced, and that the girdle of humanity has been clasped in good-will and amity around the whole globe."

My letter was also published in the principal papers in Japan, and a cable to American papers from Tokio said it "has produced an excellent impression, and is warmly appreciated as a mark of the traditional American friendship for Japan."

In later interviews with the Japanese Minister he explained to me that it was not possible for his government to send a definite reply until the question of peace or war was settled, and in view of the great uncertainty the issue of notice of the matter was postponed and only the Executive Committee conferred with.

On February 11 the official declaration of war was received and the Minister at once cabled to Tokio for instructions as to whether or not we can go. He tells me that a reply can be expected in a few days, but this communication must be sent to press without waiting even that long.

Our offer may be definitely declined; but if it is accepted, preparations will be hastened and a party will sail for Japan at the earliest moment. Before this magazine is issued the newspapers will have reported later news.

ANITA NEWCOMB MCGEE.

On February 16 Dr. McGee telephoned the editor that a telegram had been received accepting the offer of the services of the Spanish-American War Nurses.

REGULAR MEETINGS

THE NURSES OF OHIO FORM A STATE ORGANIZATION

THE call sent out by the Graduate Nurses' Association of Cincinnati on December 7 met with a hearty response, and on Wednesday, January 27, the meeting was called to order in the library of the City Hospital. Miss Mary Hamer Greenwood, superintendent of the Jewish Hospital, presided. After a brief setting forth of the object of the meeting, Miss Greenwood introduced the first speaker, Miss Annie Laws, president of the International Kindergarten Union. Miss Laws organized the first training-school for nurses in Ohio, and has done more than

any one individual in the State for the interest of the nursing profession. She welcomed the nurses cordially and assured them of her hearty interest and support.

Much regret was expressed that Miss Sophia F. Palmer was not able to be present.

The second speaker was Dr. C. A. L. Reed, chairman of the Committee on Legislation of the American Medical Association. Dr. Reed, from his wide experience in medical organization and legislation, congratulated the nurses upon their endeavor to secure State registration and promised them every assistance in his power.

After an informal discussion it was moved and seconded that a State association be formed.

Committees on Constitution and By-Laws, on Legislation, and a Nominating Committee were appointed to report at an adjourned meeting on Thursday at two P.M., January 28.

On Thursday the meeting was called to order and the report of the Committee on Constitution and By-Laws accepted, and with some minor changes adopted.

The Committee on Legislation read as their report a draft of the bill to be presented to the Ohio State Legislature.

The Nominating Committee reported the following ticket, which was unanimously adopted:

President, Miss Mary Hamer Greenwood, superintendent Jewish Hospital, Cincinnati.

First vice-president, Miss Ella Phillips Crandall, superintendent Miami Valley Hospital, Dayton.

Second vice-president, Miss Elizabeth Allen, president Alumnæ Association, Presbyterian General Hospital, Columbus, O.

Third vice-president, Miss Olive Fisher, superintendent of Training-School, City Hospital, Cincinnati, O.

Fourth vice-president, Miss Wright, delegate from Graduate Nurses' Association, Cleveland.

Secretary, Mrs. Elizabeth Hartsock, superintendent Presbyterian Hospital, Cincinnati.

Treasurer, Miss Doe, delegate Graduate Nurses' Association, Columbus.

These officers constitute the Board of Directors and are later to elect two more vice-presidents.

It is expected that the vice-president will endeavor to organize county associations of nurses as soon as possible.

Great interest was manifested in the meetings, and there was a large attendance of nurses from different parts of the State at both sessions.

On the morning of Thursday a trolley-ride through the suburbs followed by a luncheon at the Grand Hotel was given by the Graduate Nurses' Association of Cincinnati to the visiting delegates.

ORANGE, N. J.—A regular meeting of the Alumnæ Association of the Orange Training-School for Nurses was held on January 20, at three P.M., at the home of Mrs. Walter Dodge, 32 Cleveland Street. In the absence of the president, Miss Anderson, the meeting was opened by the first vice-president, Miss Houlden. The report of the annual meeting was read by the secretary, and in the absence of the treasurer the secretary read her report also; both were accepted. It

was announced that three new members had been proposed and accepted. Miss Riddle, the president of the Associated Alumnae, was invited by the president of the alumnae to be present at one of the meetings. In a note regretting her inability to accept the invitation Miss Riddle made some valuable suggestions for advancing the interests of the alumnae and for securing new members. The delayed report of the Boston Convention was given, and it is hoped more of the Orange nurses will be present at the Philadelphia convention. A very able and interesting talk on "What is Nervous Prostration?" was given by Dr. Dodge, for which a vote of thanks was accorded him by the association. The announcement of the birth of a son to Mr. and Mrs. Claude Stratton, of Sullivan, Ind., interested their many friends in the alumnae. The meeting was adjourned, and the hospitality of Dr. and Mrs. Dodge enjoyed for a social hour.

NEW YORK.—The Alumnae Association of the New York Hospital held a special meeting on Monday, January 25, to take final action regarding arrangements for a new club-house, more commodious quarters being necessary. It was decided to lease for a term of five years the apartment house Nos. 8 and 10 West Ninety-second Street. There are twelve apartments of seven rooms each, which will accommodate over a hundred members. The club will move from its present quarters, 52 and 54 East Forty-ninth Street, the 1st of May. The regular monthly meeting was held on Wednesday, February 10. It was voted that the alumnae join the New York County Association. Misses Duncan, Twitchell, Henderson, Frederick, and MacDairmid were appointed delegates to attend the first meeting, to be held in March; Misses Twitchell, Duncan, and Frederick were reappointed delegates to the meeting of the State association to be held in Albany in April. Misses Samuel and Duncan were appointed delegates to Associated Alumnae, which will convene at Philadelphia in May. It was also voted to increase the annual dues and initiation fees of the association. The meeting was full of interest and much business was transacted, after which it adjourned for the social hour and refreshments.

PHILADELPHIA.—The Alumnae of the Training-School of the Hospital of the Protestant Episcopal Church in Philadelphia held a meeting in the Nurses' Home, February 2, 1904, at three-thirty P.M. Miss Rebecca Jackson, acting chairman, called the meeting to order. The attendance was fairly good. Routine reports were presented and business transacted. A letter was read from Miss E. Hanson, chief nurse of the Western Pennsylvania Hospital, Pittsburg, Pa. Miss Ada Payne, superintendent, explained the object of the Pennsylvania State Graduate Nurses' Association. Dr. Mary E. Esser was welcomed and congratulated on her recovery from diphtheria. Miss Emily Allen is ill with rheumatic fever in the Nurses' Beneficial Association room in the hospital. On October 1, 1903, a reception was given to the new superintendent, Miss Ada Payne, and the departing superintendent, Miss Mary S. Littlefield. The pupil nurses presented to Miss Littlefield a beautiful brooch, and a bouquet of American Beauty roses to Miss Payne. The alumnae presented Miss Littlefield with a handsome travelling-bag, having silver fittings, and with a steamer-trunk. The next meeting will be held in the Parish-House, Twelfth and Walnut Streets, March 1, at three P.M.

NEW YORK.—The annual meeting of the Nurses' Alumnae of Mt. Sinai Hospital was held at 149 East Sixty-seventh Street on January 7, 1904, the president, Miss Hartman, in the chair. The four delegates appointed to represent

the association and act in its behalf at the various meetings of the New York County Nurses' Association were Miss F. Hartman, Miss E. Atwater, Miss J. Campbell, and Miss B. Kreur. The following officers and directors were elected for the year 1904: President, Miss F. Hartman; vice-president, Miss E. Atwater; corresponding secretary, Miss B. Kreur; recording secretary, Miss H. Gillner; treasurer, Miss S. Shilladay; directors—Miss E. Malloy, Miss J. P. Friedman, Miss J. Campbell, Miss J. Ryerson, Miss B. Cohen, and investigating physician, Dr. Max Rosenberg. At the regular meeting held on February 4, Miss Atwater in the chair, the association ratified the action taken by the delegates in regard to joining the county association. Miss Hartman was elected delegate to go to the annual meeting of the New York State Nurses' Association. The meeting was adjourned and refreshments served.

READING, PA.—A regular meeting of the Berks County Association of Graduate Nurses was held at the Homœopathic Hospital, Reading, Pa., on Tuesday, January 26, at two P.M., the president in the chair. Thirteen members responded to the roll-call. After the reading of the minutes came the discussion of the change in the by-laws. It was decided to change the number of a quorum from ten to seven. A vote of thanks was given Miss Worley for type-writing the constitution and by-laws. A full report of the State meeting held at Harrisburg, Pa., was read by Miss Scholl, who served as delegate. The report was given in such glowing terms that those who had been unable to attend that event felt that they had denied themselves a very great pleasure. A vote of thanks was tendered the supervising nurse of the hospital for the hospitality shown the graduates. The afternoon closed with refreshments.

PHILADELPHIA.—The Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, held its regular monthly meeting on Tuesday afternoon, February 2, in the lecture-room of the hospital with nine members present. The committee having the theatre benefit in charge handed to the treasurer one hundred and twenty-five dollars and thirty-seven cents, and after giving a satisfactory report of their work were discharged with a vote of thanks. This amount towards our endowment fund was especially gratifying, as not more than a dozen nurses sold tickets, but a number of our distant members have sent generous donations and the fund is growing. Five of our members have joined the Graduate Nurses' Association of the State of Pennsylvania and two attended the convention of the State society in Harrisburg.

CLEVELAND, O.—The Graduate Nurses' Association gave a very successful "At Home" on January 26, the object being to introduce to the nurses of Cleveland Mrs. G. A. Smith, who will manage the central registry for nurses, which has at last become an established fact. The Hollenden Assembly Rooms, which were tastefully decorated, were used for the occasion. Tea was served and a very pleasant time enjoyed by about one hundred nurses who were able to be present. The Receiving Committee was composed of the officers of the association, Miss V. V. Lewis, president; Mrs. Hunter Robb, Miss Evelyn Wood, Miss Fanny Wright, Miss Lauder Sutherland, and Miss Elizabeth Hirschberg.

NEW YORK CITY.—The New York City Training-School Alumnae Association held its monthly meeting at the Academy of Medicine on Tuesday, February 9,

the president, Miss Amanda Silver, in the chair. A report by Miss Josephine Foote, chairman of the Committee on Sickness, was that Mrs. Flaherty, Mrs. Clark, and Miss Sheldon were convalescent. All were pleased that Mrs. David Ingersoll was able to attend again; also to see Miss Elizabeth B. Irwin and a number of nurses who are not often able to be present. Joseph B. Cooke, M.D., gave a most interesting talk on obstetrics. A pleasant half-hour was enjoyed over the refreshments, which were provided by Mrs. F. Hunt and Miss Greener.

NEW YORK.—The annual business meeting of the Bellevue Alumnae was held at 426 East Twenty-sixth Street, on January 21. Reports from various committees were read, after which Miss Hopkins, delegate to the county society, gave a report of its meeting on January 18. The important business of the day was the election of officers, and the following were elected to serve in 1904: President, Miss Mary Markham; first vice-president, Miss Jane A. Delano; second vice-president and assistant secretary, Miss Cora Warren; secretary, Miss Emma Snyder; treasurer, Mrs. Mary E. Bohling. The attendance was larger than usual, the importance of the meeting being appreciated.

NEW YORK.—Owing to the great amount of sickness very few members were able to attend the January meeting of Camp Roosevelt. Consequently it was decided to postpone business until the next meeting, which will be held at the club-rooms, 155 East Eighty-third Street, New York City, March 7, at three-thirty P.M. A large attendance is most earnestly requested, as the election of officers will take place. The February social meeting was a decided success. Captain S. F. Saunders, who was ill at the time, we are pleased to state has fully recovered. Lieutenant Florence Kelly has gone abroad. All the members wish her "bon voyage."

BROOKLYN.—The regular meeting of the Alumnae Association of the Training-School for Nurses of the Long Island College Hospital was held on Tuesday, February 9, the president, Miss Anna Davids, in the chair. Eighteen new members were proposed, and satisfactory reports read from the various committees. A few evenings previously a very successful euchre party was given at the home of Miss Charlotte Arnold, one of the directors of the association, for the benefit of the register fund, after which a very pleasant half-hour was spent in a social manner, during which a supply of cake and coffee was very liberally dispensed.

BROOKLYN.—The annual meeting of the Brooklyn Hospital Alumnae was held at the Training-School on Tuesday, February 2, and was very well attended. Two new names were added to the membership. The chief feature of the meeting was the election of officers for the coming year, as follows: President, Miss Elizabeth Dewey; first vice-president, Miss Beatrice Monteith; second vice-president, Miss Grace Cameron; recording secretary, Miss Emily Jones; corresponding secretary, Miss Bessie Cowling, 301 Lafayette Avenue; treasurer, Miss Mary Exton Holt.

WASHINGTON.—A meeting of graduate nurses was called in November for the purpose of organizing, having in mind the framing of a bill for the registration of nurses in the District of Columbia. About one hundred and fifty

nurses responded. The outcome of this meeting is the Graduate Nurses' Association. Several meetings have been held, which were well attended and great interest shown in regard to registration. January 28 a bill for the registration of nurses was introduced in Congress.

PHILADELPHIA.—The Alumnae of the Woman's Hospital, Philadelphia, met on February 10, 1904, at the residence of one of the members. The minutes of the previous meeting were read and corrections made, after which the officers were appointed for 1904. Some new members were admitted and several names proposed for membership. Letters were read from nurses regretting their inability to be present and thanking Miss Whiteley for her kind invitation.

CHICAGO.—The January meeting of the Illinois Training-School Alumnae Association was one of interest and instruction. After transaction of considerable business, papers on "Indiana" were read. At the February meeting "Wisconsin" was the topic. At each meeting the subjects were discussed from a literary, commercial, and historical standpoint. The entertainment for the association this winter is furnished entirely by their own members.

BOSTON.—At the meeting of the Alumnae of the New England Hospital, held February 13, a committee of three was appointed to nominate delegates for the coming convention. Mrs. Mary C. Hall was elected delegate. One new member was initiated, Miss McMahon. A vote of thanks was extended Dr. Kellar for the very interesting talk on her travels in the Mediterranean and Orient, which was greatly enjoyed and appreciated by her hearers.

TORONTO, ONT.—The Alumnae Association of the Toronto General Hospital Training-School held its regular monthly meeting at the Nurses' Residence on January 12. The subject discussed was "Modern Treatment of Tuberculosis," by Dr. Irving, late of Gravenhurst Sanitarium. There was a large attendance, and Dr. Irving gave many practical hints which were helpful to nurses engaged in private work.

BROOKLYN.—A social meeting of the Alumnae Association of the Brooklyn Homœopathic Hospital was held February 3 at the residence of Dr. Mary White. The nurses listened with a great deal of interest to a talk on Africa by Dr. Snyder. Miss Greenidge favored them with music, after which a social time was spent. Cake and cocoa were served.

WEST VIRGINIA.—A meeting of graduate nurses of Cabell County, W. Va., was held in Huntingdon on Thursday, February 11, for the purpose of organizing a county association. Quite a large number were present. Through the courtesy of Miss Gaule the meeting was held in the Chesapeake and Ohio Railway Company's Hospital at Huntingdon.

ROCHESTER.—The regular quarterly meeting of the Rochester Homœopathic Hospital Nurses' Alumnae Association was held at the hospital on February 2, 1904. There was a good attendance and many important subjects were discussed.

BIRTHS

ON September 11, at St. Thomas, Pa., to Mr. and Mrs. Julius E. Kempter, a son. Mrs. Kempter was Miss Grace Guyton, of Baltimore, Md., graduate of the Johns Hopkins Training-School, Class of 1899.

On November 12, in Baltimore, Md., to Dr. and Mrs. Guy L. Hunner, a daughter. Mrs. Hunner was Miss Isabel Stevens, of Baltimore, graduate of the Johns Hopkins Training-School, Class of 1900.

MARRIED

AT Toronto, Ont., December 3, 1903, Elena M. M. Eyre, graduate of the Toronto General Hospital, Class of 1900, to Rev. Campbell Hamilton Monro, M.D. Dr. and Mrs. Monro are engaged in medical missionary work among the Galicians of Ethelbert and surrounding districts, Manitoba, Can.

AT Philadelphia, January 20, 1904, Miss Frances A. Jahn to Mr. Houston H. Milligan. Mrs. Milligan is a graduate of the Protestant Episcopal Church Hospital, Class of 1898. Mr. Milligan is a member of the Philadelphia Bar. They are residing in apartments at Colonnade Hotel.

ON October 28, at Montclair, N. J., Miss Florence Elizabeth Tuthill to Mr. John Rodman Coxe Boyer, of Memphis, Tenn. Miss Tuthill is a graduate of the Johns Hopkins Training-School, Class of 1902, and since her graduation has held a hospital position in New York City.

ON November 26, at Ammia, N. Y., Miss Alice Page Merwin to Mr. Walter Hull Birdseye, of Oklahoma City, O. T. Miss Merwin is a graduate of the Johns Hopkins Training-School, Class of 1899, and since her graduation has been engaged in private nursing.

ON February 4, 1904, at her home, 6 Cobb Street, Rochester, N. Y., Miss Ruth A. Bailey, of the Class of 1894, Rochester Homœopathic Training-School for Nurses, to Mr. Herman H. Van Voorhis. Mr. and Mrs. Van Voorhis will reside in Pittsford, N. Y.

AT Glasgow, Scotland, October 26, 1903, Miss E. D. McCulloch, graduate of the New York Hospital, Class of 1898, to Mr. Peter Roughead. Mr. and Mrs. Roughead are residing at 8 Holmes Road, Langside, Glasgow, Scotland.

AT York, Pa., January 19, Miss Margaret Collins, graduate of the New York Hospital, to Mr. William A. Cook. Mr. and Mrs. Cook will reside at 314 East King Street, York, Pa.

OBITUARY

MISS MARY E. MIERLEY, a graduate of the Reading Hospital of the Class of 1891, died at the above hospital on January 15, after a short illness, of appendicitis. Cheerful and conscientious, her death, which was entirely unexpected, left many to grieve for a kind friend, a faithful nurse, and a loving daughter and sister. She served three years as supervising nurse at the General Hospital, Pottstown, Pa.

"WHEREAS, It has pleased God to remove from among us one of our most esteemed and worthy sister nurses, Mary E. Mierley.

"WHEREAS, The long and intimate relation held with her in the faithful discharge of her duties in her profession makes it eminently befitting that we record our appreciation of her; therefore be it

"*Resolved*, That we, the members of the Berks County Association of Graduate Nurses, also Reading Hospital Alumnæ, deeply regret the death of our friend and faithful worker in the nursing profession.

"*Resolved*, That the sudden removal of such a life will prove a serious loss to the community.

"*Resolved*, That with deep sympathy with the bereaved family of the deceased, we express our hope that even so great a loss to us all may be overruled for good by Him who doeth all things well; and be it further

"*Resolved*, That a copy of these resolutions be sent to her family, also to THE AMERICAN JOURNAL OF NURSING and the *Trained Nurse*.

"BERKS COUNTY ASSOCIATION OF GRADUATE NURSES,

"READING HOSPITAL ALUMNÆ,

"ELIA R. SNYDER,

"MARY E. DOUGHERTY,

"Committee."

It was with deep regret that the Alumnæ Association of the Methodist Episcopal Hospital Training-School for Nurses of Brooklyn, N. Y., learned of the death of Miss E. Margaret Pritchard, which occurred at the German Hospital, Brooklyn, N. Y., December 19, 1903, of typhoid fever.

Miss Pritchard was graduated from the Methodist Episcopal Hospital, Brooklyn, in 1899 with high honors. The following year she received the appointment of supervisor of nurses of the German Hospital, which position she held at the time of her death. She was thoroughly devoted to her work, and being a young woman of unusually high ideals, spared no effort to make her work successful.

At the last meeting of the Alumnæ Association the following resolutions were adopted:

"*Resolved*, That we, as an association, feel that in the death of Miss Pritchard we have lost a loved friend, and the profession a most conscientious and able worker.

"*Resolved*, That we, the members of the association, extend our heartfelt sympathy to the bereaved family.

"*Resolved*, That a copy of these resolutions be sent to her family, to THE AMERICAN JOURNAL OF NURSING, and to the *Trained Nurse*.

"MARY E. ELLIS,

"DOROTHY KIRKPATRICK,

"EMMA C. MILLER."

At the Rochester Homœopathic Hospital, February 1, 1904, Mrs. Mary Clark Long, of the Rochester Homœopathic Hospital Training-School, Class of 1893.

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FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE PROGRESS OF REGISTRATION IN ENGLAND

READERS of the *British Journal of Nursing* will not need to be told that the Society in England for State Registration, founded in 1902, and which since that time has carried on an energetic and admirably conducted propaganda, drafted in May last a bill to present to Parliament, and that this bill was presented to a special meeting of the society at the end of last November and approved. [Since published in the JOURNAL.—ED.]

The bill, which is wise, moderate, and just, provided for the formation of a nursing council, whose duties and powers were to be to frame rules regulating the issue of certificates, conditions of admission to the register, course of training, and conduct of examinations, the admission of women already in practice, and all the other details which, in short, correspond to the work of our State Regents and Examining Board in New York. Important nursing bodies, such as the Queen's Jubilee Nurses and the Royal British Nurses' Association, and prominent medical bodies were given representation in this council. But the majority of the council were to be elective, selected by the nurses themselves, so that the important principle of self-government was thoroughly safeguarded.

This entire work had been carried on with the most complete openness and publicity.

The Royal British Nurses' Association, originally founded to secure registration, had in 1896 voted against it, and from that time on has been on the opposition. The general surprise, then, may be imagined, when on December 23 the Royal British Nurses' Association published in its official organ a "Brief Synopsis" of a registration bill, which, testifying, as it did, to a complete reversal of policy, came like a bolt from the blue sky.

As a selfish politician sometimes is forced unwillingly to yield to public pressure, so the little clique which has so long held the Royal British Nurses' Association in hand was forced to go with the tide in the matter of registration, but an attempt to retain power was shown in the construction of its bill, which stopped short at a fair representation of nurses themselves.

The *British Nursing Journal* vigorously criticised this proposed bill, saying truly that it provided for an oligarchy of medical and lay employers of nurses, who, if they did not resist it, would be signing away their own liberty and that of the nurses of the future.

What internal pressure was brought to bear we do not know, but in January a special meeting of the Royal British Nurses' Association was called, at which the proposed bill was amended in an enlightened and liberal way, bringing the direct representatives of the nurses and matrons up to fifteen instead of six, thus conceding the whole argument for registration and for the right of nurses to be in the majority on governing boards.

This has been one of the most surprising events of the year, and though we think it would have been finer in the Royal British Nurses' Association to have supported the Society for Registration, yet none the less does it leave the latter in possession of complete victory.

THE GERMAN NURSES AND THE GOVERNMENT

THE German Nurses' Association is waiting upon the slow and ponderous machinery of the government to take cognizance of its request for State regulation of nursing education and economic status. Although German methods are slow, they are thorough, and we hope for good results when they are brought to bear on this question.

NEW ZEALAND SUCCESS

REGISTRATION in New Zealand is reported as working smoothly and satisfactorily. The Inspector-General of Hospitals and Charitable Institutions in his annual report to the Minister of Public Works, which was presented to both houses of the government, commends the working of the act and gives much credit to Mrs. Grace Neill, who, as a nurse and Assistant Inspector of Hospitals, has been intrusted with the difficult and important task of carrying out the arrangements for examinations, and generally keeping the legal machinery in motion.

HOW TO TRAVEL ABROAD ON LITTLE MONEY

WHO does not look forward to a "trip abroad" if it is yet an unfulfilled dream of the future? People who have plenty of money can, of course, travel when and how they will, but many of those who would most enjoy the new scenes, and who are most eager for the opportunities of learning that are afforded by a European trip, are deterred by the cost of travel.

This cost, however, need not be nearly as great as is usually supposed to be necessary, and I am going to give some of the practical points picked up from experience or observation of other people for the benefit of those who wish to travel economically. Those fortunate individuals who only need to draw a new check when the last one is exhausted, and who spend anywhere from three to six dollars a day, need not stop to read this humble screed.

First let me give two starting-points as to relative cost:

I. It is possible to travel quite continuously, making stops of from two days to a week here and there along the road in Europe on an average of, often, two dollars a day—sometimes a little more, say not more than two and a half.

II. If one has six months or a year to stay, and wants to settle down for a month or more at a time, one can get through on about seven hundred dollars a year.

Now as to details: The first essential is to know a little of the language of whatever country one means to visit. Without this one can travel, but not economically, as one is obliged to stay at English-speaking hotels, depend on others for everything, and pay in innumerable little ways for not being able to take care of oneself. The first advice, then, is to learn to speak enough of French and German, and, if possible, Italian, to meet the incidents of travel. Conversation lessons are the best, for the traveller must practise her ear even

more than the tongue. It is rather easy to learn to ask simple questions in a foreign language, but not so easy to understand what is being said to one in return.

In preparing to cut down expenses in travelling, the first thing is to get the necessary and inevitable items of expense reduced to their lowest minimum. Such inevitable items are railway tickets, baggage, board and lodging, and laundry. Many outlays are not capable of being reduced, such as little unexpected expenses, entrance fees to noteworthy places, etc. The only way to reduce the latter is to go on free days to galleries, etc., but as free days are usually only on Sundays, one can easily see that there are not enough Sundays to go around. So one needs a good many small sums to buy tickets to noteworthy sights, concert, opera, theatre, and all the innumerable places which ought not to be neglected. Therefore, economies must be made in the necessary and inevitable items.

The first, and a large one, is the railroad. By travelling third class one saves at the outset nearly one-third of her whole outlay for the railroad. This means that one must buy one's own tickets, for "Cook's tickets" are not to be had in third class, only in first and second. And it is a mistake to think that "Cook's tickets" are cheaper than those bought of the railway. They are the same price, with a trifling commission added. What Cook does for the tourist is to save him *trouble*, not money.

Third-class travel is entirely comfortable, respectable, and possible in England, Holland, Belgium, Germany, Switzerland, and even Italy, though the latter is not as clean as the others. France I know nothing of, therefore cannot say. I had been told that third-class in Italy was impossible, but have found quite the contrary. Though the cars are usually very old-fashioned and small (being, however, continually improved) and the floors usually rather unkempt, yet by choosing cars carefully one can travel perfectly well third class in Italy, and the Italians in the third-class cars are perfect as to manners and demeanor, though often a little behind the times in habits.

The drawbacks of third-class travel are: One is more often obliged to "change cars;" one cannot always take a good, fast train; the best and fastest trains in some countries do not carry third-class; and sometimes a long-distance journey, as from Rome to Naples, cannot be made in one trip third class on account of the slowness making the time required impossible without a "stop-off" somewhere. These are some of the little points for which one needs the language. The railroads in Germany, Switzerland, and Italy all offer in summer very low rates in "round trips" or "season tickets" in all three classes. With the former, one must return to the starting-point; with the latter, this is not required. In Switzerland a photograph of the individual must be pasted on the season-ticket, and during its limit of ten, fifteen, or thirty days one may travel, if one wishes, from morning until night in any direction or on any road in Switzerland. But unless one spoke the language one could hardly manage one of these trips, especially in third class. The ten-day third-class costs eight dollars. However, if one does not want continuous travel, it is not advisable to get one of these tickets, as distances are short in Switzerland, and one might see what one wanted for less.

Next, as to baggage.

(To be continued.)

LETTERS

ON the way through Southern Germany, Switzerland, and Italy one may see a number of general hospitals which are typical and interesting. These large general hospitals, which correspond to what in America would be called "city" or "county" hospitals, are yet quite differently managed in many details. For instance, they are not limited to free patients, but have a number of beds and small rooms containing from one to four beds for paying patients of small means. The workmen of Germany all contribute to their State sick benefit fund, and this entitles them to hospital care, so they are not regarded as free patients.

Pay patients of a more well-to-do class in Germany are not provided for in the large general hospitals, but go to a private "*Klinik*," meaning the private hospital of some great specialist, or to the Red Cross hospitals, which are designed especially for paying patients, although they all have some free beds.

In Munich Mrs. Robb and I visited the General Hospital, which has eight hundred beds. It is about two hundred years old, and is built in a heavy and solid style, three-story buildings surrounding a large square. The long sides and back of this square were planned like "corridor trains"—that is, a long, wide corridor ran the entire length, its windows opening on the open square, and from its other side opened the wards, which were small and narrow, with windows at the street end only. The wards were small, each containing sixteen beds, and as they were built solidly together, with window only at the end, they were rather dark and by no means cheerful looking, although they were very neat and clean. The air-space was small, and ventilation had to come partly through the corridor. The corridor itself was quite a picture. The sisters used it as a general supply and work-room, and it had, distributed up and down its generous space, ice-chests with little tables beside them for cracking ice, the picks and ice-caps hanging above; it had steam-pipes and hot tables; it had fixtures for boiling water, with kettles in place; it had slop-hoppers and fresh-water fixtures, zinc receivers for clothes, small tables for general utility, shelves for the doctors' appliances in testing urine, blood, etc., and racks for bedpans and urinals, all right out in the open! At intervals along the corridor were tall green plants and flower-stands with potted plants. It had a dark, polished floor, and on the wall were pictures of a religious character. The sisters are of a Catholic order, wearing black with a large white fichu and heavy white linen apron and much pleated and folded white linen cap. The probationary sisters wore large black caps and blue gingham over-sleeves. There were a number of sisters busy in the corridor, and the picturesque effect was exceedingly pretty. The corridor was of such spacious extent that this curious jumble of belongings did not look as incongruous as it sounds. Medicines and surgical appliances were kept in a room by themselves, but the patients' milk supply was in an ice-box in the corridor.

Just what or how much nursing work the sisters do is, of course, a little difficult to find out on a short visit. I judge that in this hospital the medical students do a great deal that with us would be done by pupil nurses. But the sisters undoubtedly work hard and continuously, and their faces and demeanor show nothing but kindness and gentle goodness.

This is the hospital with such an exquisite kitchen, and the whole big place was immaculately clean,—bathrooms, beautifully tiled, cubby-holes, and corners were all shown. The hospital has sun-rooms, X-ray and Roentgen-ray rooms, and

departments for all branches, including children (in a separate hospital), and obstetrics. The latter department is, I believe, the one in which changes are most needed in many foreign hospitals, as the sisters do not personally supervise the work, which is left to attendants of an inferior grade.

The canton hospital at Berne, Switzerland, is a very beautiful one. It is quite new, and built on the isolated pavilion plan in beautiful grounds a little way out of the city of Berne, with the kitchen building in the middle of the grounds just behind the administration.

The pavilions, while similar externally, vary in their details of plan, and are very attractive, with a modern finish of lightness and brightness. In several the long, wide corridor, completely closed in with glass sides, where the patients could walk or ride in wheel-chairs, was a special feature, and a pretty touch of color was given by the bed-linen in the wards. Instead of being made up in white, as usual, the pillow-cases and bedspreads were all of a clear blue and white plaid gingham, fresh and well-laundered, and with the good, hard-wood floors and funny little yellow boxes of Swiss beds, it really looked prettier than white.

I would have liked to see more of this hospital than I could. The deaconesses who nursed it had every appearance of being overworked, and I had not the heart to detain one of them long enough to satisfy my interest. I should say that they did thorough and careful nursing, and did it all themselves. I noticed in the children's ward the exquisite cleanliness of finger-nails and small details which mark careful work. Then, too, in this hospital I believe a more elaborate surgical technique is practised than in almost any other Swiss hospital, and doctors' orders are heavy and exacting. Medical science and nursing art both are high, and I would advise American visitors to see the canton hospital of Berne without fail.

A similar hospital at Geneva was not so modern in construction nor so good in detail, though larger. It is built in the heavy, three-story style, with wards and corridors all opening into each other, and what struck me as being very odd was to be shown a diphtheria ward and a scarlet-fever ward opening right out of the general corridor—quite at one end, to be sure, but still connecting with the whole hospital. The diphtheria room, containing eight beds and three convalescents, had an excellent apparatus for making steam spray. It was a nickel-plated machine over gas-jets, having a reservoir for water and a regulator to control and record the pressure. It was fitted with long arms of nickel tubing which extended over the beds, and could produce enough steam for six patients. I was told that the Swiss physicians are very strict and punctilious in the use of antitoxin at an early stage, so that diphtheria is minimized and there is no pressure on the hospital. There were deaconesses also in this hospital, and, I am sorry to say, they also seemed overworked, though not as much so as at Berne. The pillows and spreads in this hospital were pink and white check.

A wonderful hospital to burst on one's vision is the Ospedale Civile in Venice, containing thirteen hundred beds and occupying the superbly beautiful old buildings which were for four hundred years a monastery and for a hundred past have been adapted as a hospital. But this letter is too long already, and I shall have to describe it next time.

L. L. D.

ITEMS

MISS SARA McDONALD (Johns Hopkins) and Miss Thureson (Brooklyn Hospital) have been taking a holiday in Italy. In Florence they encountered Miss Dock, and in Rome found quite a little gathering of American nurses who met on several pleasant occasions. There were Miss Tripp (Canada and General Memorial), Miss Dock again, and Miss Gordon and Miss Shibley (Brooklyn Hospital), who are making an extended trip.

MISS LA FLEUR, of the Massachusetts State Hospital; Miss Gibson, of the Boston City; Miss Irving, from Australia; Miss Babcock, of the Newport Hospital, and Miss Hunt, of the Framingham Hospital, are in Rome for eighteen months doing private duty under the auspices of St. Paul's House.

MISS DIANA KIMBER is about to become a member of the Poor-Law Guardians in her country home in England. She has already been elected a member of a committee to further the enforcement of the law regulating the practice of midwives.

FRAULEIN AGNES KARLL, president of the German Nurses' Association, writes most warmly and cordially of her interest in meeting English and American nurses next summer in Berlin.

THE St. Bartholomew's League of Nurses, always foremost in liberal movements, will send a delegate to the congress in Berlin next June.

MISS MCGAHEY has described her visits to hospitals in North America and Great Britain in a published lecture which we hope to see.



THE COMMUNITY AND TUBERCULOSIS.—Dr. Beverly Robinson, of New York, in an article on the above subject, makes the following statement: "Finally, the broad statement still remains true, that without a susceptible soil no tuberculosis will develop in the vast majority of cases. Witness a little experience of my own. I served thirteen years in the Out-door Department of the New York Hospital, where I had the class either of heart and lungs or throat and nose. During that time I had three or more assistants at different times, and several students. I or my assistants passed at least two hours three times a week in the room where the patients were examined, treated, and prescribed for. In no instance that I recall was any one among my assistants or students (of course, including myself) known to have contracted tuberculosis, and certainly in no instance was our attention directed to the room of the New York Hospital as being the source and origin of the disease. So far as I know, at no time in the thirteen years referred to above was the room where I examined and worked over my cases ever thoroughly disinfected in accord with the notions that we now possess of the meaning of the term. Of course, patients coughed, expectorated, and frequently tuberculous sputa reached the floor, dried up, and were wafted freely later to the respiratory tract of us all."

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: Two years ago, before the organization of the New York State Association, much time and energy was spent discussing the merits of individual membership *versus* membership consisting of delegates from already existing organizations. The interest and active support of each individual nurse was needed, but in discussing this point with an officer of the Associated Alumnae she pointed out that a State organization of individual membership would be cumbersome. I suggested that this objection could be removed by having the State association composed of local organizations in the different counties, the local or county organizations being branches of the State association and represented therein by delegates. In order that the nurses of every locality should be fairly represented at the annual conventions each county organization should be entitled to one delegate and alternate for, say, every fifty members of such county organization to represent them at the annual meeting of the State association. They should be entitled to vote by proxy before the annual meeting and cast a number of votes corresponding to the number of members of their county organization. This proposition was disapproved on the ground that there were already enough nurses' organizations in the field and no advantage would be gained by adding to them.

Nevertheless, the county association has been inaugurated. The county association will be composed entirely of registered nurses. The by-laws of the State association on the subject of membership, which are fearfully and wonderfully made, provide for a dual membership, individual membership, and delegates from local organizations. The first are required to be registered. There is no such provision with regard to the second. Under the existing by-laws membership in the State organization is independent of the county association. The by-laws concerning admission to membership in the State association should be equally applicable to the county association and vice versa, barring only the limitation of locality. Then why not do away entirely with the remarkable labyrinth of words constituting the present by-laws of the State association on the subject of membership, and instead have the county associations composed of individual registered nurses regardless of distinction of schools, and the State association composed wholly and entirely of delegates from the county associations, as stated before in this letter, also in my letter to *THE AMERICAN JOURNAL OF NURSING* in January, 1902. To admit delegates from nursing organizations, such as alumnae societies, only adds an unnecessary complication, as such societies are not likely to be composed only of registered nurses unless some very radical reorganization takes place, also members of such societies may prefer to join as individuals.

Alumnae associations are all right in their place,—they have their own sphere of work,—but I am convinced that both the State and the county associa-

tion would be much broader and stronger organizations if such school distinction be eliminated.

February 10.

B. VAN HOMRIGH STEVENSON,
823 Park Avenue, New York City.

[As long ago as May, 1902, the JOURNAL commented upon the need in New York City of a "strong local organization that should bring the nurses of all schools into working and 'playing' relations." This comment called forth something of a protest in the next issue from a "Resident of New York," in which, however, she outlined a plan for an organization in the future, then being considered, by which an affiliation of all the existing societies in the vicinity would be secured upon practically the lines on which the county society has now been established. We believe the county society a great step in the right direction for New York City.

Of course, we all know the by-laws of the State society are clumsily made, but by degrees they can and will be put into better and more comprehensive form, but inasmuch as the State society, even with its faulty organization, has been recognized by the Legislature and given a voice in the educational affairs of the State, we feel that radical changes should be made slowly and with great care. The alumnae associations have been the educators in organization work, and we question whether their days of usefulness are yet over. We would advise very deliberate action in all matters pertaining to the State society, that New York may keep unchallenged the splendid position she now holds in the registration movement.—ED.]

TOLEDO, O., February 13, 1904.

DEAR EDITOR: The article, "Does the Training-School do its Full Duty?" by Susan Bard Johnson, "just hits the nail on the head" in my opinion. By far the most general criticism I hear of the private nurse is, "She understands her business, but I don't like her." I think we all agree that deliberation is one of the most important qualifications for a nurse; then why sacrifice it for routine work, more of which might be done by maids? Training-schools cannot afford to teach housekeeping, which should be an important qualification for the probationer.

MARY I. HARROUN,
Private Nurse.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



THE TREATMENT OF CONSTIPATION IN INFANTS.—The *Medical Record* says: "Clamann treats constipation in infants by introducing a well-oiled soft-rubber catheter several inches into the rectum. If necessary, it may then be moved in and out several times, but usually its mere presence is sufficient to excite active peristalsis. The method may be used for weeks, the only consideration being that the diet is suitable and the motor activity of the gut sufficient."

EDITOR'S MISCELLANY



DR. WILLIAM H. WELCH, of the Johns Hopkins University, before the Maryland State Nurses' Association:

"You have to consider exactly how to proceed to secure the State Examining Board. I noticed in several of the States the law was almost imperilled by efforts to secure the presence of physicians upon these Examining Boards. Now I am quite sure that it is not the function of the physician to examine nurses. They had something to say in the training of the nurses; the nurse should not go forth without having come under the guidance of the physician; but your profession is a skilled profession which requires special knowledge, and a special knowledge that is possessed by the trained nurse and not by the physician. Akin as the professions of medicine and of nursing are, they are still distinct professions, and there is no necessity, in my opinion, and there are certain disadvantages, in the requirement that physicians should be members of the Examining Board. Most of these laws provide that the Examining Board shall consist of persons chosen, or at least nominated, by the State association, and that seems to me probably the wisest method.

"These two features, then, are the ones which insure that the registered nurse has the requisite training and has the requisite knowledge. They insure that she has been graduated from a recognized training-school, one with the proper standards as regards the period of study and practical training. The law further provides that after the nurse has given evidence that she possesses the preliminary training she must pass an examination, not by her own training-school, where conditions come in that do not absolutely insure the necessary qualifications, but before a separate and distinct Examining Board. These are the essential features, as I understand it, of the law—the existence in the first place of a State association of nurses, in the second place a provision in the law for a suitable preliminary training, and, in the third place, the passing of the examination of a Board of Examiners who have not of necessity been the candidate's own teachers.

"Now, what objection can possibly be raised against this desire on the part of the nurse's profession? No real objection, but you are likely, I suppose, to encounter some opposition, and I suppose that opposition will be based upon the idea that such a law as this sets up an unjustifiable distinction; that it sets apart a certain class from others. But the distinction is one eminently desirable, namely that the term 'registered nurse' shall mean that here we have nurses who possess certain defined qualifications. At present a diploma does not mean that of necessity, so that you require protection on account of the inflow into your profession of those who claim the same title without having acquired the same qualifications. Therefore this argument, which is the only one that occurs to me, is one that you will be able to meet when you go before the Legislature at Annapolis—that you are proposing a distinction, but one based upon right and justice, and one that it is certainly eminently desirable to make. The best argument, perhaps, is that of the benefit to the whole community, because the great majority of people have at present no way of determining who are the really qualified nurses, while the institution of the title of 'registered nurse' would overcome this difficulty.

"From every point of view that occurs to me your movement is one that should have the support and sympathy especially of the members of the legal profession, of the members of the medical profession, and of all women who are interested in improving the opportunities for women of higher professional and practical work, for skilled nursing is a great field for women's activity. I wish you all success in your efforts, and shall be glad to be of any assistance to you in my power in securing the desired legislation."

[Each time that nurses have organized to secure State registration men and women of note have come forward to give their approval and support to the movement, and their names should live in the history of nursing progress.—ED.]

THE *Spirit of Missions* for February gives a very interesting account of the foot-binding custom among the Chinese. It seems that a girl with unbound feet has little chance of a husband. Public opinion will fully sustain a bridegroom in returning his bride to her mother if he discover after marriage that his wife has unbound or "large" feet. He is not likely to make this discovery before marriage, as young men and women, though they may be betrothed as children, are not allowed to see each other until the day of the wedding.

This custom of foot binding is so old that its origin is lost. There is no fixed age for beginning to bind the feet. Among the rich the binding is begun with girls of four or five; among the poorer people usually from seven to nine. In any case the process is intensely painful. "The four smaller toes are doubled under the foot, the big toe is laid on top, and the deformity is then tightly bandaged." The process is repeated every few days, the bandages being drawn more tightly each time. Three inches is considered a proper length for the deformed foot of a full-grown woman. . . .

Apparently nothing was ever done to abate the cruelties of foot-binding until the Christian missionaries began a campaign of education against it. They have been joined by other foreigners in the empire, and there is now a flourishing association known as the *Tien Tsu Hui*, or "Natural Feet Society." Some of the more progressive Chinese officials have coöperated with this society and have written protests against the foot-binding process. About two years ago the Empress Dowager issued an edict urging that it be given up. But in spite of both foreign and native opposition it will be many years before the practice disappears.

Recently the *Tien Tsu Hui* offered prizes for essays by Chinese on foot-binding. Over two hundred articles were received, most of them condemning the practice. Here, however, are two samples of the argument for the defence. Incidentally they show plainly the current Chinese opinion concerning women:

1. "Bound feet assist women to do their duty, which is to stay at home and not to gad about in their neighbors' houses.

2. "Those who complain of the pain involved in binding the feet forget that suffering is necessary for the proper development of woman's character. A woman who has not eaten this bitterness is likely to be opinionated and to want her own way. She will argue and quarrel with her husband, and the two will oppose each other like a pair of strong hands, each coming against the other, causing smacks and crashes. On the contrary, a bound-footed woman will receive correction and is submissive and obedient to her husband. Confucius says that women should be weak and men strong. This is the proper order."

As Christian teaching spreads foot-binding will naturally decrease. For

with Christian teaching will come a more just estimate of the place of women in Chinese life and unwillingness to inflict unnecessary pain upon the human body, and particularly upon the bodies of young girls. One rarely finds Christian fathers and mothers who bind the feet of their daughters. The whole missionary influence is against the practice. In many mission schools a practical kind of opposition to foot-binding, which appeals to many Chinese parents, is shown by charging school fees only for girls with bound feet. Those with unbound feet are received free.

THE PROFESSIONAL vs. THE TRAINED NURSE.—

To the Editor of the Medical Record.

SIR: Some time ago the subject of the education of nurses was considered in the *Medical Record* in the hopes of bringing some kind of response from members of the medical profession, and opening up the question in a radical and fundamental manner. But no response came, though the question has been touched upon in more recent issues of the *Medical Record*. However, good material for opening up the subject may be found in an article in the *Medical Record* of September 26, which probably represents the conservative and general opinion of the medical profession. In this contribution it is said that, "thanks to the great advance made in nursing in our day, we physicians can usually have our directions and treatment of patients intelligently and faithfully carried out if we constantly have the courage to insist upon what is best for the well-being of our patients and our moral self-respect. I am not quite sure that the nurse's realization of the doctrine of self-sacrifice and devotion has continuously improved. I am also convinced that more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment in the role of the nurse. They are tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve.

The name of the author of the above is purposely omitted in order to avoid every appearance of personal polemic in the advocacy of opposing opinions. For the same and other reasons the writer assumes a nom-de-plume. Ideas are only of value as they prove true. The author is simply a vehicle, as his pen is, and amounts to nothing. The days of ambition for honors or notoriety have passed. The primary and fundamental question is the amount and character of the instruction given to nurses or asked for by them, and may well be introduced by requoting the following: "That more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment to the nurse. They are often tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve."

Admitting that the accusation is true in many cases, is it not equally true that the real trouble lies in the very "smattering of imperfect knowledge" on the part of the culprit? Is it not this "smattering" which constitutes the dangerous thing, or "little knowledge," complained of in the well-known and oft-quoted saying. Would not a more fundamental, and at the same time broader, education in scientific fundamentals remove or nullify the very danger mentioned? Would not more knowledge with specific education in its professional application enable the intelligent nurse to better understand her place and keep her professional position, both in regard to the attending physician and patient? The trouble seems to be just where it has been placed, but with quite the contrary meaning—that is, in the "smattering of imperfect knowledge" now wofully

given to nurse students in the so-called training-schools. Not only does the trouble lie in the "smattering," but the manner of applying it to the needs of the nurse is still more culpable. It is neither the "fish, flesh, nor fowl" of education, and is practically indigestible for either medical student or student nurse. It is a sort of half-way nondescript unsuitable for any specific purpose. In a certain sense the lectures to nurses are mostly voluntary, and it has often happened that lectures are scheduled for certain hours, and no lecturer has appeared for a week, thus disappointing as well as demoralizing the nurse students. No serious study has yet been given to the proper adaptation of what may be termed medical education to the needs of the nurse, and, as previously intimated, the stuff they do get is not suitable to the medical student, and being a most indigestible digest of what is generally offered to medics is equally unsuitable to the nurse student. *The education of nurses should be far more in the hands of especially gifted and educated nurses than at present.** Even the physician or surgeon lecturer should know intimately the requirements of the nurses and have the power of special adaptation, and have time and enthusiasm to apply himself or he is unfit. The question of education in any line is fully as much in the specific adaptation of what is offered to the needs of the student as in the material itself. Too much education is to be likened to good food improperly cooked and totally unadapted to the digestive apparatus of the patient.

Profession or trade? That is the question. Does not the issue before us find its counterpart in the medical profession? Is it not what all earnest thinking men have combated and are still combating? *Should we not then uphold the endeavors of the most intelligent nurses for the better education of their class in our own self-interest? ** Certainly the intelligent public has no less interest and the unintelligent will be equally benefited. In medicine do we not have the educated professional, the physician, and have we not still with us the graduate of the medical hotbed, with his "smattering of imperfect knowledge," the trade-doctor? It is the trade-doctor the medical profession has been endeavoring to purge itself of as an undesirable parasite, and it is the trade-nurse, with her "smattering of imperfect knowledge," that must be purged out of the ranks ere we can have the more desirable and better-educated professional nurse. The question is, if the better class of nurses are ready and anxious to take the medicine, should not we physicians prepare and administer the dose? Cannot the nurses say to us, "Why stand ye idle here?" On all other questions of education we have come to the conviction that "a little knowledge is a dangerous thing," and that the most exact and fundamental education possible is the only remedy against social anarchy; but in regard to the education of nurses our most learned colleague would have even the "smattering of imperfect knowledge" removed "because the semi-educated nurse raises anarchy in the house by giving counsel and directing where the properly educated nurse would not. Is not the real remedy to be sought in following the adage to "take another bite of the dog that bit you": not only a "bite," but to consume the whole digestible part of the carcass? By education alone can the "trained (trade) nurse" be abolished and the professional nurse, in her way the equal of the professional physician, become a gloriously creditable member of society. It is the "trained nurse," with her "smattering of imperfect knowledge," that raises anarchy with the patient, as it is the trade-doctor who does the same thing. Both have that dangerous disease, *macro-cranialis giganticus*, the only remedy for which is more and better fundamental education. The trained nurse of to-day is simply a more or less perfectly drilled machine and not at all educated in the professional sense.

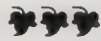
* Italics are ours.

Which is better for us physicians, to remove the "smattering" of knowledge the nurse may now possess and increase the trade-training, or augment the knowledge and thoroughly teach the nurse student how best to apply it to her own interest? Please do not jump on that, ye altruistic emotionalist. Know ye not that he who serves himself intelligently (with all that word implies) will give the best possible service to others?

Who has not met a "trained nurse," a most highly approved graduate of some recognized training-school, well drilled in all the tactics of her trade, absolutely without even a "smattering of knowledge" in anything but the trade sense, but unquestionably competent in that sense, whose looks and manners were that of an ill-bred person who murdered the King's English "to absolute distortion, who was without active intelligence and yet so well drilled as to automatically do her work? Is not the picture only too true? That is the kind of nurse our most distinguished colleague seems to advocate. Even such as that may have her place in some wards in a hospital where refining influences are uncalled for? On the other hand, are we not straining every nerve in our endeavors to free ourselves from just that class of society? The educated and refined nurse in the hospital is a strong power in the elevation of such inmates. Again, the trade-nurse may be useful during an operation, or in the worst stages of a dangerous disease, when the patient is indifferent to surroundings; but of what value is such an ignoramus in the convalescence of a refined and educated patient? The thoroughly educated and refined professional nurse can do all the best of trade nurses can, and more still, and is to be depended on in emergencies where the drilled machine would stop short for want of intelligence and that education which makes a person active and reliable. The best trade nurse is to be compared to the old-time "able seaman" who knew all the details of his trade, but was absolutely useless to direct the work and generally completely demoralized without the guidance of the educated officer in case of disastrous emergency. As things are, too many nurses are of the trade-nurse type. Is not the medical profession ready for the truly professional nurse? The better educated and more refined portion of the public certainly demands them. They are equally necessary to the service of the less educated and cultured.

The writer has ever been an opponent of private, semi-public, or even endowed educational institutions for any branch of education having to do with fitting persons for the public service. If any branch of that service is especially public and should be controlled for and by the best representative public intelligence, it is the medical profession, of which that of nursing is an inseparable part. As things now are, the hospital is the training-school, but it can never become the school for the fundamental education of student nurses. The student nurses in hospital training-schools are so driven with trade-work that it is impossible for them to find time for detailed study and critical thought over the conditions presented by patients. What knowledge they do get is too much of the "pick-up" type. It is a veritable "prostitution" of the name education. It is "Drill, ye tarriers, drill," until all energy is fairly trained out of the unfortunate nurse candidates. The only recourse is, as stated in a previous article, for the public to establish preparatory or normal schools for the instruction of student nurses specifically and broadly in the scientific fundamentals of their profession by persons especially qualified by study and experience to adapt that knowledge to the needs of the professional nurse. This question of the specific fundamental education of the nurse will be treated in a future communication.—MEDICUS in the *Medical Record* of December 5.

EDITORIAL COMMENT



A QUESTION OF LOYALTY

JUST as the JOURNAL was going to press for the February number we received a very astonishing communication, without signature or address, claiming to be the report of a two-days' meeting of the nurses of the State of Iowa held in Des Moines on January 4, with a copy of a bill for the registration of nurses adopted at that time.

It is contrary to the policy of this JOURNAL to give space in its pages to anonymous communications of any kind. The signature of the sender need not appear unless so desired, but the writer must give her name and address in full to the editor in order to receive recognition. This Iowa communication possibly may not be authentic, but if it is true that the nurses of that State have drafted, considered for two days, and adopted the bill for registration that accompanied the report, then we can only say that the nurses of Iowa have been culpably disloyal to their profession.

The report says: "Our Committee on Legislation reported that they had learned some lessons from our sister States and tried to make the bill as simple as possible, one in which the machinery of the State need not be changed by creating new offices and curtailing added expenses.

"To do this the bill provides that the State Board of Medical Examiners be made a State Board for Registration of Nurses."

There would seem to be but one of two conclusions to be drawn from this remarkable statement: either the nurses of Iowa are ignorant of the underlying principles upon which their "sister States" have based their action, or they lack the courage to fight their own battles and the knowledge and ability to undertake the management of their own affairs.

It seems absolutely incredible that any body of intelligent women should deliberately cut themselves off from all possibility of creating for themselves and for the nurses of their State in future the position of a profession, for without self-government and the right to create the standards of nursing education and to regulate the practice of nursing, professional recognition can never be attained.

This action of the nurses of the State of Iowa, if true, goes to prove that we need not fear opposition from any outside body of people nearly so much as the ignorance or disloyalty of the women of our own profession. In every State nurses have gained the important points for which they stood united. The Iowa nurses have given a set-back to nursing educational progress in this country which it will take generations of nurses to overcome.

The bill gives to the State Board of Medical Examiners absolute power to decide upon the standards of education in the training-schools, and to make such rules for the examination and registration of nurses as it shall see fit. It does not contain a suggestion that nurses shall have now, or at any future time, even a voice in the regulation of their own affairs. Iowa will hardly expect reciprocity with those "sister States" which she has so dishonored.

In this connection, we ask our readers to turn to Miss Dock's comment in the Foreign Department upon the situation in Great Britain. The registration movement began in England many years before the agitation in this country had taken definite form. Because of the lack of union among the English nurses years have been lost, during which time there has been discord of a character most detrimental to progress. American nurses do not need to be reminded that "divided we fall." We may differ on minor local points, but in the great principles involved, which are the right of nurses to regulate the educational standards of the nursing profession, all of the States must stand united or registration fails of its purpose.

We can only hope that before it is too late Iowa may see the error of her proposed action. We call the attention of Iowa nurses to Dr. Welch's views on this very point of the justice of Examining Boards being composed of nurses, to be found on page 487 of this issue. The nurses in the "sister States" have had the approval and support of distinguished medical men in their claim for self-government, and we have yet to know of an organized body of representative physicians who even desire to exercise a dominating control over nursing affairs. Such interference comes only from petty individuals with a selfish end to serve.

PROGRESS OF REGISTRATION

THE DISTRICT OF COLUMBIA.

GRANTING that the laws of the District of Columbia are unique, and that the nurses of Washington are handicapped at the outset by the unusual form of the local government, the bill introduced in the House of Representatives on January 28 by Mr. Babcock seems to be only a degree better than the proposed Iowa bill, but with this great difference: the Iowa nurses deliberately asked to have registration placed under the control of the Board of Medical Examiners, while in Washington the bill was framed by the Commissioner of the District before the nurses had completed the organization of their association, and if we are rightly informed they were given the alternative "to take this or nothing."

1. The bill provides for a Board of five Nurse Examiners, *appointed by the Commissioner of the District*.

2. The Graduate Nurses' Association of the District of Columbia, which was organized to secure registration, is not recognized nor permitted to nominate the candidates to the Commissioner.

3. The Board of Examiners are made subject to the Board of Medical Supervisors of the District, in which Board of Supervisors is vested the authority—without advice from the Nurse Board of Examiners—to decide upon the standards of education of the training-schools and make such rules for the registration of nurses as it may see fit. There is a similarity in the power given to the Board of Medical Supervisors to the authority vested in the Regents in the New York bill, but with this difference, in the Washington bill the Nurse Board has not the right to recommend or advise as it has in the New York bill. As we interpret the District bill, the Nurse Board examines applicants that are referred to it by the Board of Medical Supervisors under such rules and regulations as the supervisors may direct.

We hope the nurses of the District of Columbia will see to it that this bill is amended to give to the Nurse Board the privilege to recommend to and advise with the Board of Medical Supervisors in the same manner as has been

granted to the nurses of New York. The recognition of the nurses' association is a matter of importance, and is worth trying for.

MASSACHUSETTS.

Massachusetts has a good bill, which was placed before the House on January 29 and the first hearing given on February 15. Miss M. E. P. Davis, chairman of the Legislative Committee of the Massachusetts State Nurses' Association, led the delegation of over one hundred nurses who rallied from all sections of the State in support of the measure. Mrs. Emily Fifield and Dr. James Putnam spoke for the people and the medical profession. Some slight objections were raised, but on the whole the outlook for Massachusetts is favorable. Both of these bills will be published as soon as their fate is known.

CONNECTICUT.

The Graduate Nurses' Association of the State of Connecticut was organized at the New Haven Hospital on February 17 with a representation of sixty-five nurses from different parts of the State. Miss Sophia F. Palmer was the guest of the occasion and the meeting was most enthusiastic. There will be no attempt to draft a bill until the association is fully organized and the nurses of the State have learned to work together for the common good.

NEW YORK STATE.

There has been some unavoidable delay in the Regents' Office at Albany in the work of engrossing the certificates of registration of those applicants approved by the examiners, but certificates are now being issued.

Nurses have become impatient under this long delay, but, like in all new work, there have been obstacles and difficulties in the beginning that will not have to be considered now that a routine has been established and the members of the board know the work.

Nurses who want their certificates this year should get their applications in soon. The vacation season will scatter the examiners, and much can be accomplished before that time if applications come in quickly.

A NEW FIELD FOR NURSES

IN connection with the article on "The Nurse's Work in Milk Stations," Dr. Goler in a personal letter to the editor makes the suggestion that there would seem to be an opening for nurses in the dairies in the country. In writing of this he says:

"It seems to me that there is a career for trained nurses in this line of work, as anyone may well see who would take the pains to visit the so-called dairies in the country, or the city dairies as well. A nurse with some business experience might at first start a business partnership with a small farmer. One such success of this kind of business copartnership would tend to spread the work all over the country. If it is desirable for nurses to go to individual sick-rooms, to offer their services in the Philippines and Cuba, and to work in the slums as district nurses, I think it is equally as desirable for the nurse to give her time and attention to aid in the production of pure milk, and thereby aid in saving the lives of many hundreds, even thousands, of children who otherwise would succumb to the dangers of dirty milk."

When we see the great number of nurses who, after a few years of work,

feel that they must get out of active nursing for at least part of the year, Dr. Goler's suggestion would seem to open a new field to many. Nurses who are farmers' daughters might easily turn their knowledge of bacteriology and pure milk to profit on the farm.

We have given Miss Kennedy's little sketch in her own words, showing a few photographs taken by her during the summer. We can testify that she returned from her seemingly lonely experience at the farm sunburned and happy, ready to take up the burden of her work with renewed strength and vigor.

AN ARMY RESERVE NURSE DEPARTMENT

WE call the attention of our readers to an announcement in the Official Reports of the formation of an emergency corps of volunteer nurses who shall hold themselves in readiness to serve the government in event of war or national calamity.

One naturally associates this announcement, coming just at this time, in some way with the Japanese-Russian War, but the events are only coincident. This call for nurses is the result of a plan which has been under consideration for some time, waiting for a convenient opportunity to undertake the extra work in the Surgeon-General's office. The Nurse Corps department is now running so smoothly that Mrs. Kinney is able to give her attention to the formation of a reserve force, with a view of preventing the occurrence at any future day of the confusion that arose upon the breaking out of the Spanish-American War.

Mrs. Kinney has issued a circular letter to the superintendents of approved training-schools asking for their coöperation in securing a representative body of women for this department of the service.

With ample time to investigate credentials, many unfortunate mistakes arising from the emergency of war should be entirely avoided. Splendid women served in the Spanish War, conducting themselves with dignity, and proving that women can endure hardship under any condition as well as men, but there were too many of the adventurous class enrolled, and many before untried in temptation failed in the moral qualities.

Superintendents who may be called upon to indorse applicants for this service cannot be too rigid in their refusal to vouch for nurses unless they are sure of the womanly qualities as well as the professional. Under the plan that the Nurse Corps department has organized this work, if *politics* can be kept out, it will be "up to" the superintendents if the wrong kind of women are enrolled for emergency service in the army.

THE JOHNS HOPKINS HOSPITAL LOSSES

IN the department of Hospital Items we have printed a clipping authenticated by Miss Nutting, giving in detail an account of the losses of the Johns Hopkins Hospital in the Baltimore fire. We are informed that the revenues of the hospital are diminished one-half, and, as a natural consequence, the work of the institution must be tremendously curtailed unless assistance comes from some unlooked-for quarter.

While our sympathies are with the hospital as a whole, our special anxiety is for the Training-School. With the retrenchment that these losses will make necessary in every department of the hospital work, the preliminary course can

hardly escape some curtailment, and its development, at least for a time, be retarded. This means a serious blow to the profession at large, for the methods that this school has been able to demonstrate have given an impetus to preliminary training that will eventually revolutionize the whole training-school system.

We shall hope to hear that help has been received from some source to ward off the immediate danger, and when the city has recovered from the stunning blow of its terrible disaster, that provision can be made for the continuation of the work of the hospital in all of its departments.

THE ASSOCIATED ALUMNÆ MEETING

THE time decided upon for the Associated Alumnæ meeting in Philadelphia is Wednesday, Thursday, and Friday, May 11, 12, and 13, and the change is made to accommodate the Western members who may be going to Berlin.

There are two very important questions to be discussed at this meeting, mentioned before in these papers, and delegates should be selected who are informed and able to deal wisely with complicated subjects.

It will be remembered that the amendments to the by-laws, the consideration of which was commenced in Chicago two years ago, were not completed at the Boston meeting last year because of the difficulty of deciding what provision should be made for the affiliation of the States. The year has brought great changes in the situation. State organization and registration have forged ahead even more rapidly than was anticipated, and the next step must be some kind of affiliation between the States as a means of establishing reciprocity. Shall affiliation be through the National Alumnæ, or will some other form of organization for State affiliation become necessary?

The second vital question is the future ownership of THE AMERICAN JOURNAL OF NURSING? Delegates should be familiar with this subject and able to act intelligently for the association they represent. The situation in a nutshell is this: In the beginning the Associated Alumnæ as a body failed to secure the necessary capital to establish the Magazine. A few members advanced the money necessary, organizing themselves into THE AMERICAN JOURNAL OF NURSING Company, but with the distinct understanding that they would sell out to the Alumnæ Association whenever that body could reimburse them for their outlay. Each year the JOURNAL as a business becomes more valuable, now amounting to more than ten thousand dollars, and the amount to be raised increases with delay. The question is, Shall the Associated Alumnæ make a supreme effort to own the JOURNAL, or will it relinquish the idea conclusively and leave the responsibility and development of the JOURNAL enterprise in the hands of its present owner?

Suggestions through the JOURNAL are invited, and may help to solve these problems, and April will be a very opportune month in which to discuss them.



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THE TUBERCULOSIS EXPOSITION, BALTIMORE

By M. ADELAIDE NUTTING

Johns Hopkins Hospital

THE Tuberculosis Exposition held in Baltimore during the last week of January, 1904, was an event of unusual importance and of peculiar interest. It was naturally expected that such interest would be felt in the medical and scientific world, but that it should be aroused among the people generally to such an extent as was shown by the remarkable crowds, quite beyond the capacity of the University Hall to accommodate, who gathered every day and evening was a matter of astonishment to everybody and of deep gratification to the Committee of the Exposition, who had labored with such untiring energy in its behalf.

The exhibit lasted one week, and was open daily from ten A.M. to ten P.M. Lectures were given daily by noted medical men known widely as leaders of the war against tuberculosis. The exhibits were arranged in the long halls and corridors of McCoy Hall and on the walls and in the assembly-room. Statistics, charts, and diagrams showing the prevalence and distribution of tuberculosis in the United States and in Maryland, and the relations of age, sex, and occupations to tuberculosis, were shown, and the questions of race and heredity were here interestingly presented. A section took up the matter of tenement houses, sweat-shops, and factories, and through charts and photographs showed conditions and improvements resulting from recent revision of laws and other measures of reform. Plans and elevations, photographs and models, illustrated every conceivable variety of hospital, sanatorium, tent, or sleeping-shack. One of the most interesting features of the exhibit was the valuable collection of old books and portraits belonging to Dr. Osler and others, through which the historical aspect of the subject was shown and the present connected with the past. Arrangements were made by the provision of a number of demonstrators to conduct small groups of

people through the exposition in order that they might benefit fully by its teachings. Medical students, student nurses from the various schools and hospitals, teachers from the public schools, working-women's clubs, and other charitable societies were thus shown about and the various interesting and important features of the exhibits carefully explained. It is impossible to describe the interest shown by all classes, and the pathetic eagerness of a certain number who visited the place again and again, asking questions which showed only too plainly the desire to glean some knowledge which could be carried away to furnish help or hope. Of keen interest to nurses was the exhibit of "House and Home Hygiene." This, beginning with photographs of interiors and exteriors of homes, dwelling especially upon every available adjunct to the house,—porches, verandas, fire-escapes,—which could afford space out-of-doors for the consumptive, went on to show carefully arranged wheeling- and reclining-chairs for out-of-door treatment, suitable clothing, sleeping-bags, and many varieties of sputum-cups and flasks, etc. It would be of interest to nurses if this exhibit could be described in detail and fully illustrated with photographs, as showing what may be done for poor consumptives in their homes by really simple care and treatment.

A feature which received marked attention from visitors was the model sick-room for consumptive patients. No attempt was made here to show a room with modern luxuries. Simplicity, exquisite cleanliness, convenience, and suitability were the points dwelt upon, and the necessity for having as cheerful and homelike an atmosphere as could be secured compatible with the requirements for the care of such patients and the protection of others about them. The horrors known as antiseptic furniture, which, however necessary for an operating-room, has no place in the room which is the life of a sick person, were studiously avoided, yet we are sure all necessary precautions for safety were observed. This portion of the exhibit was prepared by Miss G. C. Ross and Miss Eleanor Wood, assistant superintendents at the Johns Hopkins Hospital.

As a member of the general committee, the writer asked of its chairman the privilege of looking into the question of house-to-house visitation of consumptive patients by nurses. Permission was readily granted, and letters asking for data on this subject were at once sent to twenty-five of the older and larger District and Visiting Nurses' Associations of the country. In reply some exceedingly interesting and suggestive letters were received. For the special purpose for which they were desired, however, many of them proved inadequate, owing to the fact that much of the work which they described was not recorded in statistical or tabulated form, and also that any special work in the care of tuberculous patients was of very recent origin.

The two facts of importance elicited were that during the year 1903 a new interest and activity in the care of tuberculous patients had been aroused in existing societies, and that in two or three cities nurses were devoting themselves wholly to the visitation of tuberculous patients in their homes. The latter are Miss Grace Forman, whose excellent work for the last nine months as visiting nurse of the Vanderbilt Clinic, New York, is well known to nurses through the pages of this JOURNAL; Miss Jean Hopkins, who has recently undertaken similar work in connection with the Bellevue Clinic, New York, and Miss Reba Thelin, visiting nurse of the Johns Hopkins Dispensary, Baltimore, whose work has just begun. Owing probably to initiative of the Visiting Nurses' Society in Chicago, and under its auspices, a society composed of prominent professional and charitable men and women has been formed during the year for the prevention of tuberculosis, and is doing noteworthy work. In Boston the District Nurses coöperate with the Board of Health and with the Committee for the Relief and Control of Tuberculosis. In New York, nurses are working in connection with the Committee for the Prevention of Tuberculosis and the Charity Organization Society, and quite lately with the Board of Health. The writer found that the only practicable way of presenting in any reasonably effective form the work which is being done, both by societies and individuals, was through a brief summary of existing agencies and methods. This is presented elsewhere in the JOURNAL.

The manifest usefulness of the work of visiting nurses is such that the time seems to be reached when a general conference might prove a valuable means of bringing together workers to present their various points of view in a field where the problems are of many kinds, of common interest, and of wide-spread importance. A national society or federation of district nurses seems to be the next necessity in consolidating and making more efficient a work which has so signally proved itself.

MASSAGE BY THE BLIND.—The *Medical Magazine* says: "Among the Japanese, from whom we have yet much to learn, massage is generally recognized as the work of the blind. The sightless Japanese operators are masters in their useful craft. The blind are usually endowed, by way of compensation for their loss of sight, with a sense of touch exceptionally acute, so that here is a field in which they may surpass their seeing fellows. Massage is chiefly dependent for its success upon the delicacy of its application, which depends in its turn upon the nicety of the operator's sense of touch."

VISITING NURSES IN THE HOMES OF TUBERCULOUS PATIENTS

By M. ADELAIDE NUTTING
The Johns Hopkins Hospital

AS FAR back as ten years ago, at the Nurses' Settlement in New York, the nurses taught the tuberculous patients whom they visited the care of sputum and supplied them with cups, and the various District Nursing Societies of the country have for some years given care and instructions to the consumptive patients who came under their charge in the round of daily visits.

The specialized work, however, of house visitation of tuberculous patients by individual nurses is practically a new idea, and clearly an outgrowth of the great impulse set in motion by the medical profession in its war against consumption.

The number of nurses who have so far been engaged in this special work is small and limited to two or three cities. The results of their work are out of all proportion to the number of nurses engaged in it, but as records either complete or partial in some instances have not been kept, and in others are not available for our purposes, having been incorporated in other reports, we are unable to present statistics which shall show in any convincing manner the amount and nature of the work which we know is being done. Its true value, therefore, at present, from some standpoints, cannot be justly estimated. Our only means of information in a general way is from the letters of the nurses in charge of the work of the societies, and these are almost without exception interesting, suggestive, and full of promise of future results. A brief summary of their contents may, perhaps, be acceptable in default of more satisfactory data. Taking as a basis the few large cities in which the most systematic work in this direction has been done, we find:

Number of tuberculous families visited during the year 1903
by the regular staff of nurses in the course of their daily work in
these four cities are:

Chicago (16 nurses).....	408 families
Philadelphia (14 nurses).....	65 families
Baltimore (5 nurses).....	110 families
Washington (7 nurses).....	144 families
Total	727

Number of families visited by Miss Grace Forman, the visiting nurse of the Vanderbilt Clinic in New York.....	339
<i>(This record is for nine months only.)</i>	
Number of patients visited by Miss Reba Th��lin, the visiting nurse of the Johns Hopkins Dispensary, Baltimore	42
<i>(This record is for seven weeks.)</i>	
Number of tuberculous patients visited by the Visiting Nurses' Society, Boston, in four months.....	245
Number visited by the Charity Organization Society, New York (exact time not given).....	98
Total	724

We have records, therefore, of fourteen hundred and fifty-one families visited during the year in six cities, each family representing not only the first visit of investigation, but as many subsequent visits as may be required to care for the patient, to instruct, and to see that instructions are carried out. The number of visits ranges from six to twenty, and in some exceptional instances to even a greater number.

The comparison of the number of tuberculous families reached by the visiting nurses on general duty and by those who are specially occupied in this work is rather striking. In Chicago, for instance, we find a record of four hundred and eight cases visited during the year, part of the general work of a Nurses' Society of about sixteen members. In New York the *one* visiting nurse of the Vanderbilt Clinic has visited three hundred and thirty-nine families in nine months. The same holds true of Baltimore. The visiting nurse of the Johns Hopkins Dispensary in seven weeks has visited forty-two families; the total records of the work of the Visiting Nurses' Society in this direction with four or five nurses for one year cover one hundred and ten patients and families.

A comparison of the cost of treating tuberculous patients in their homes and in hospitals is interesting and exceedingly important from an economic point of view. It costs not less than one dollar per day to care for one patient in a hospital. In most good hospitals the cost per day is from one dollar and fifty cents to two dollars and over. The sum so spent in caring for one patient for one year would be from four hundred to six hundred dollars. This sum is almost enough to supply a visiting nurse, who in one year, as has been shown, could and does visit from four to five hundred patients. Hospitals reach the consumptive few, nurses the consumptive many, and if we have any hope of reaching even a moderate proportion of the ninety-eight per cent. of tubercular patients who, Dr. Osler says, must be treated in their homes, the provision of a sufficient staff of nurses in each city especially devoted to this particular work would seem to be a necessary initial step.

It is hard to see how in any other way satisfactory information can be obtained concerning the lives and habits of the people upon which every step of further effective treatment must be based.

The exact conditions of the household, the attitude of the patient and family, the advisability of hospital or home care, the relief necessary in each case, and the right source from which to obtain it, are questions of prime importance, requiring thought and the special judgment which comes with experience in any special line of work.

The new commandments of fresh air, nourishing food, rest, and care of sputum must not only be taught, but by constant watchfulness secured and maintained. These things must be taught in one household in one way and in the next possibly by a totally different set of arguments.

Fresh air is brought to the patients by means, first, of slow education on the subject of open windows. Little by little the patient is made to feel the benefit and necessity of fresh air, first in the daytime, then at night, the latter being usually harder to accomplish. In those households of but one or two rooms, where the scanty supply of clothing and fuel makes comfortable warmth hard to secure at best, open windows for the patient mean a great sacrifice for the other members of the family. When there is anything in the way of a small veranda, balcony, or yard, the patients are often induced to spend the greater part of the day there, and for their comfort and protection the nurse secures an arm or steamer chair and warm, comfortable clothing. When there is no such adjunct to the house, an excellent method is one which seems to have been carried out quite thoroughly in Washington. The visiting nurses there are supplied with a number of wheeling-chairs, and patients unable to obtain enough fresh air in their own homes and premises are wheeled daily into the nearest small public square or garden, or possibly the garden of a neighbor, there to remain some hours. The head nurse of this society, Miss Washington, informs me that several wheeling-chairs are in constant use for the purpose of bringing tuberculous patients to the fresh air they could not otherwise obtain. What an argument for adding in every way to the green spaces which in London they call the "lungs of the city."

From Minneapolis we learn of a patient whose improvement is due to the hours spent daily on the sunny porch of a well-to-do woman of benevolent impulses. A small fund enables some district nurses to provide long, open trolley-rides to such patients as are able to take them. I should add that in the region of closely packed tenement houses, when other means have not been available, the nurses utilized roofs and fire-escapes for their patients. By these simple methods, and probably others of which we have not heard, it is possible to bring fresh air in some

degree to almost all patients, and it seems evident that almost invariably after having once become accustomed to it they "crave it," as one nurse writes, and will be found by the nurse in her subsequent visits with windows wide open.

In almost all of the households of the poorer classes the sleeping-accommodation is so limited that it is a problem to arrange matters so that a tuberculous mother, for instance, to quote one case found by the nurse, will not share the same bed with her three little children. It is a common matter to find a tuberculous patient sharing his bed with others, and by the close contact for prolonged periods rendering the chances of conveying infection much greater.

In some instances the nurse has found it possible to secure a separate room for the patient, but when this could not be done a small folding cot and bedding have been loaned for his special use. A very considerable number of patients have been supplied by nurses in this way with separate sleeping-accommodations. In Chicago forty-two patients were cared for in this way during the last year, in Baltimore twenty-eight, in Washington twenty-seven.

The disposal of sputum is generally accomplished by the use of sputum-cups, which are quite liberally supplied to societies for distribution by nurses. Anything which can be completely destroyed is, perhaps, more desirable than those articles which need periodical disinfection. For the purpose the use of small, stout paper bags as a receptacle, with Japanese paper napkins, common tissue, or even toilet paper, is recommended. The bags and their contents can be burned daily or as often as is necessary. The paper bags can be doubled, if necessary, and are not to be compared in cost with sputum-cups, even of the least expensive kind, while the advantage of simply burning the article instead of supplying chemical disinfectants to be used, intelligently or not, in the nurse's absence is obvious. The great expense in the care of such patients in their homes is and must continue to be in providing the proper supply of nourishing food. Nothing could be more clearly shown than the belief which is so prevalent among the nurses as to amount almost to a creed that lack of good, nourishing food is the cause of much of the trouble. Their efforts, consequently, are strongly and continually directed towards obtaining for their patients a liberal supply of nourishing diet. No matter what else fails, this must not. Milk, the best quality to be had, from one quart to two and a half quarts daily, and eggs, from four to eighteen within the twenty-four hours, are sent according to the patient's condition and needs to supplement his daily fare. While these are the staple supplies, meat, fruit, and other articles are occasionally added. The rapid gain in weight in many instances following the liberal use of milk and

eggs is one of the most satisfactory results of the work in the great encouragement it gives the patient as well as the nurse. Through diet kitchens, relief societies, and benevolent individuals the need in this direction is largely met, but the probabilities are that the demands on these sources of supply for such help will continue to increase greatly in the immediate future.

The observations made by nurses of the daily fare of the poorer working classes show distinctly the need of making the question of nourishment one of paramount importance. "Of what use are all other efforts," said a nurse to me recently, "so long as my patient (a small child with tuberculous trouble) often has nothing but bread and molasses for the three meals of the day?" In Baltimore the visiting nurse of the Johns Hopkins Dispensary is, among other things, making a careful study of the dietaries of the tuberculous patients whom she visits, and it is to be hoped that, later, students of domestic science will bend their energies to working out and placing within the homes of the great masses of the poorer working people, transplanted from other countries where food supplies are different, simple instructions telling how to buy and prepare simple, suitable, healthful food, cheap enough to be within their reach.

For the protection of the patients who must spend every possible hour out-of-doors warm clothing is absolutely necessary, and here again the charitable agencies and philanthropic individuals meet the needs in all instances where the patients can do little or nothing to help themselves. Small comforts for emaciated patients need not take the costly form of rubber rings, but rings as well as pads may be made of cotton or oakum and covered with gauze easily destroyed by burning. An economical article for use in keeping the patients' feet warm while out-of-doors is the old-fashioned country method of wrapping a hot brick in strong paper. It keeps the heat some hours.

An important point in the instruction of patients relates to the isolation of dishes. This is done very generally, and an endeavor is made to have the patient's dishes kept on a separate tray, quite apart from those used by the rest of the family. With the standard of cleanliness which obtains in the average poor household, especially in regard to dish-washing, there is no more necessary precaution than this. They are taught that the dishes should be rinsed in boiling water and boiled at least once daily.

An instance is recorded, found by a visiting nurse in New York, of a bar-tender who traced his own illness to the habit of drinking after others in the saloon where the glasses were rinsed in cold water only "between drinks." It would be an interesting and valuable piece of investigation to look into the dish-washing methods in the various places

where the public in large numbers follow each other rapidly for food and drink at counters, from the soda-water fountain to the ice-cream and hot-coffee counter at the "quick-lunch" resorts.

Probably no one feature of the work of the visiting nurse exceeds in value that watchfulness which keeps the Board of Health constantly informed of the need of disinfection of room or premises following removal or death. The actual number of such houses disinfected is surprisingly large in the few instances of which we obtained records. In reply to a question asked of a nurse engaged in this special work in New York we are told that the number of such houses is much greater than the number of her patients. "They become ill, discontented, blame their surroundings, and are inclined to move often." One patient in Baltimore moved five times within the year.

An exceedingly interesting phase of the work in Boston is the coöperation between the Committee for the Control of Tuberculosis and the Visiting Nurses' Society, by which the nurse who visits obstetric patients reports to the district doctor any symptoms suggestive of tuberculosis in an expectant mother. She is examined, and if tuberculosis is found, arrangements are made to put the baby at once upon modified milk.

Without variation the cry comes from every nurse and every society, "Our patients are nearly always in an advanced stage before we are brought to them." We can do much to bring relief and comfort, but until such patients can come into our hands in an earlier stage of the disease, improvement or cure can only be expected in rare instances. Much, however, can be done beyond the actual *alleviation* of the condition, work so dear to the heart of the nurse, the achievement of which has been for so many ages her sole thought. Even though the patient himself may not be saved, the safeguarding of an entire family from further danger of infection is what is being daily achieved in this work of nurses in the homes. It is almost impossible to overestimate the benefit of this work to the community if carried on by women of energy, ability, and enthusiasm.

The general destitution of the family as well as that of the patient comes under her eye, and relief through a suitable agency extends to all. Unhealthful occupations, not only of the patient, but of various other members of the household, come to her knowledge, and through a change of work better chances are provided for resisting the enemy. An instance is recalled in which a healthful change of occupation was provided for two members of a family in addition to giving the regular care to the patient.

Of equal importance is the fact that through her visits comes the light into dark places which converts ignorance into knowledge.

If properly utilized, what a contribution is available through her investigation to further knowledge of the social aspects of tuberculosis. How far can infection be prevented by such instruction, systematically given by trained workers in the homes? How great are the chances of recovery or improvement following from better food, more light and air, supplied to patients in their homes? What is known definitely concerning the relation between infected houses or rooms and those who contract this disease? What is the particular factor in the home life which predisposes more than any other to this disease? The nurses almost unanimously answer, "Poor food, poor in quality, in quantity, and, worse still, the way in which it is cooked."

Many instances have been quoted of quite astonishing results following the prescribed treatment of rest, fresh air, and good food when faithfully carried out even for a few weeks. We know that cure is not a matter of weeks, but of months or years, but the prompt visible response to right measures gives a promise which inspires confidence alike in worker and in patient. "On the whole," writes the nurse longest engaged in this work, "we are greatly encouraged by the way in which our teachings are received and acted upon, and by the results of our work generally. It seems the only way."

There are probably fifty District Nursing Societies in the various cities and towns of this country, each society supplying anywhere from two to sixteen nurses for the daily visitation of the sick poor. There are also a number of instances in which through her own initiative, or through the philanthropic impulse of one or more individuals, one nurse pursues as best she may the visitation of the sick poor and grapples single-handed with the problem of their care and relief. Such an instance comes to the mind of the writer,—namely, Newark, N. J.,—where one district nurse only is available in a city of three hundred thousand people. But summing up all the existing agencies in this direction, it is safe to say that not more than three hundred nurses for the outdoor relief of the sick poor can be found in the entire country of seventy millions of people. As a part of the general work of these nurses in their daily rounds consumptive patients and their families have been constantly visited, cared for, helped, and instructed.

But valuable as such work is, what is clearly needed is not the incidental, irregular work of any individual or group of individuals, but the full time, thought, and energy of those trained women who understand the meaning of a crusade and have caught its spirit. We want not only the groups of workers whose united effort reaches one hundred patients in the course of the year, but the rapid multiplication of the special workers whose concentrated effort brings each within the reach of five hundred patients annually.

THE REORGANIZATION OF THE NURSES' ASSOCIATED ALUMNÆ

BY ANNIE DAMER

Buffalo, N. Y.

It is not given to many of us both to sow the seed and to see the harvest gathered in, but those who planted the seed of a national organization for nurses seven years ago can already contemplate the waving fields, if not the full corn in the ear.

One period of our life as an organization has passed from childhood into youth, and we desire now to put away childish things, to take a broader outlook, and to voice more strongly our views on matters of professional and public importance. Nurses live naturally an isolated life, and lose all feeling of kinship if there is not some common bond of interest to unite them. The school alumnae first drew its graduates together and made one class known to the other. The awe-stricken probationer, who had looked with due reverence on the ex-head nurse just flitting off the hospital stage as she stepped on, found her in the entanglement of parliamentary debate a woman much like herself. As the recognition of sisterly interest grew, that of the community developed, and from the many by-paths the sisters of different stripes and caps wandered into a common fold, where perchance even now some of us look askance at one another, and because the cap with two folds is worn instead of the cap with one, or because some were pastured on the mountain instead of by the sea, we still have a feeling of estrangement.

We were fortunate in having good leaders in those early days, wise women who saw the need of combination, that the strong might help the weak, and that both might feel the force and inspiration that come from a common devotion and striving after an ideal. What was that ideal? Has the standard set up seven years ago been lowered, or carried forward always in the forefront? Do we demand less or more of our members or of the nursing profession? Positive forces have been at work making for what is best and highest in our education and organization, and much of the result seen in its growth, both in numbers and strength, is due to the enthusiasm, devotion, and self-sacrifice of those early seedsowers.

In our fuller development we realize that much of our machinery has become cumbersome and antiquated, some of it we have never made use of.

That awesome Judicial Council, formidable as the Court of the Inquisition, where have its silent sessions been held? Has no member ever

violated the Code of Ethics or had a dispute with another member? But perhaps the council has been composed of parliamentarians and has required all charges and complaints to be preferred formally in writing, and while the complainant has been slowly and deliberately attempting to formulate her charge with pencil and paper the council has adjourned.

The Board of Control has a name which smacks too much in these days of legislative control, so we will have none of it in name, as we have not had in reality.

Our State societies have not organized when there were three eligible societies in the State, and although alumnæ members have been in the forefront of all State organizations, the trend has been towards organization independently of the national association.

For two years now much of the time at our alumnæ meeting has been consumed in discussion of questions of vital importance to us as a national organization. The doing away with the unnecessary has been simple enough, and the revision of by-laws which refer to our ordinary parliamentary procedure and the expedition of business has occupied little time or thought, for the necessity of so doing had already been demonstrated.

A question has arisen as to the advisability of admitting other organizations than those connected with the training-school—Shall the association be confined, as formerly, to nurse alumnæ associations, or shall the interest also of those who, severed by distance, are never able to attend the meetings of their own alumnæ, be considered. These local associations, probably, will never be numerous, and until the system of registration of nurses is completed, if not uniform, all over the country, and registered nurses organized into county societies as a part of the State society, it in turn forming a division of the national body, we shall have to continue as an organization of federated clubs. These local associations of nurses, if holding the same standard, should certainly be entitled to affiliation. There is nothing either in our name or constitution to prevent it. These associations would bring in an element which would be essentially helpful. In them the individual nurse learns more quickly and effectively the true professional idea, and though her heart may beat as loyally as ever for her Alma Mater, she is judged there by her ability and qualifications as a woman and a nurse, and not by the standing of her school.

Our two years in the hospital marks the culmination of our educational training—our true university life. In the broad outlook which that life should give, if we have the true university spirit, let us not look loftily either on the local association or the small hospital alumnæ which has the true nursing university spirit. All associations which

are striving for the uplift of the profession and the raising of our educational standards should receive recognition. We may have vague ideas as to what we wish to accomplish, but the mere fact of joining the association stands as a protest, however weak, against the materialistic tendency of our age, as common among nurses as among ordinary mortals, and the payment of the two dollars yearly dues is just that much a weakening of the spirit of utilitarianism and selfishness.

What place should the State association have in our reorganized society? The original idea of the State association being a union of alumnae associations has not been carried out, or only in a partial way, in some of the States which have organized. But it is important that there should be some form of affiliation with the national. It is not our province here to discuss the work to be undertaken by the State societies or the nature of their organization, but the best means of coördinating their work and of establishing a common platform where the problems which confront us all alike can be intelligently and unitedly discussed, and where we may unite and strengthen the efforts for professional improvement.

One way for the State association to be affiliated would be for it to come in on the same terms as the alumnae society, as an individual club, with exactly the same standing and representation, but the State associations, with their duplicate memberships, comprising, as they do, the majority of the members of the alumnae societies, who have joined either individually or in a body, could hardly be received on the numerical plan—entitled to a delegate for every fifty members. It would lead to endless confusion in the effort to determine what representation each association was entitled to in order to prevent cumulative voting.

On this method of representation it would seem better not to consider the affiliation of the State societies with the national body.

Another way would be the "one club, one vote" principle, the truly democratic plan, giving the small club the same representation as the large one, and the large one no more authority than the small one. Each association would pay a fixed sum yearly into the treasury regardless of its size, a plan which might appeal to the larger societies, but would hardly be feasible unless we had several hundred affiliated societies, as the small clubs would not be able to bear any additional taxation.

If the Associated Alumnae is not prepared to admit all societies, large and small, on the same terms, and the difficulty of ascertaining the proper representation according to members not already included in the alumnae reckoning appears insurmountable, there still remains another plan. Each affiliated State society might be allowed a certain number of delegates at large, one or more, as the national society might

determine, each State society paying a fixed sum yearly into the national treasury, with the local association sending delegates as heretofore, according to their size, one delegate for every fifty members, and contributing proportionately.

The balance of power would remain in the hands of the *alumnæ* society, yet the State society as an organization would be represented separately.

A State chairman or secretary might be appointed by the Associated *Alumnæ* for each State, who would report matters of interest and progress in her State, and whose attitude towards the State association would be not one of dictation or authority, but of suggestion and inspiration.

She could also present to the Associated *Alumnæ* recommendations on important matters discussed at the State meetings and put into a condensed form after due deliberation. These would carry more weight than the recommendation of a single association, and less time would be wasted over discussion on unimportant points of a question.

A few words regarding our by-laws, which have been under discussion for the past two years, many of them passed upon as meeting our approval but not formally accepted. It is very desirable that there be no further delay, and that we shall leave the Philadelphia meeting with a good working constitution, satisfactory to all.

As to eligibility and membership, would it not be well to state that a society should be in existence for at least a year before being admitted, and have an active membership not fewer than ——?

It also should be stated to whom application must be made—to the Board of Directors through the corresponding secretary, an important and necessary officer in our large constituency and one not yet provided for.

We need a Board of Directors, but it hardly seems wise to permit these positions to be held by the State presidents, elected by a separate body at separate meetings. The national association should elect its own officers. These may be chosen to represent each affiliated State, but should be the choice of the national body at its own election. It might be desirable, also, to state the length of the term of office.

“If holding office is an honor, it should be passed around; if it is a burden, it should be shared.” Under our present system an officer continues from year to year very often against her own wishes and inclination; she does not wish to appear to shirk, and the voting members do not wish to appear as if they were dissatisfied.

If we stated in our by-laws that the term of office should be two years, or one, and that no officer or member of the Board of Directors should be eligible for two consecutive terms, it would be less difficult

to secure candidates, and the honors and burdens would be more equally distributed over the different societies of the country. A certain number of the Board of Directors might be retired each year if the term of office were two years.

A different plan of voting might also be arranged for—that the elections should take place in a separate room with the polls open for a certain number of hours, thereby not delaying the programme or business of the convention.

It would be desirable to incorporate a by-law with reference to the expenses of officers, whether or not any officer shall be salaried, and whether officers incurring expenses in the service of the association shall be reimbursed or bear them themselves.

No officer of the national association should be sent as a delegate from her *alumnæ* association. It is not possible to grant two elective offices to one person.

These are only a few of the points which suggest themselves which were not brought out at the last annual meeting. It is hoped the delegates will come to the next prepared to adopt a constitution which shall be our rule of guidance for the expedition of business for some time to come. Then let every woman “have a mind to work.”

THE THOMAS WILSON SANITARIUM FOR THE SICK CHILDREN OF BALTIMORE

BY J. H. MASON KNOX, JR., M.D.

Physician in Charge

DURING the last few years in many of our large cities much additional interest has been aroused in the problems having to do with the care of infants, including the prevention and treatment of their diseases. The large death-rate among these little people, particularly during the summer heat, has lately only received an attention on the part of the medical profession and the public at all commensurate with its importance. The endeavors to secure pure milk and better housing accommodations for the poor of crowded communities are being multiplied and are saving many lives.

At the Thomas Wilson Sanitarium for Sick Children situated near Baltimore, devoted largely to the care of infants suffering from intestinal diseases prevalent during the summer, the work has been naturally developed along two lines. First and most important, it was sought to take the best possible care of the patients committed to the sanitarium,

making use of the most approved methods of treatment; and, secondly, an effort was made to investigate the nature of these disorders by means of study in the laboratory.

As many of the readers of this JOURNAL are familiar with the general features of the work at Mt. Wilson, mention only will be made of the several lines along which progress has been made during the last two years. It seems particularly fitting that nurses should be familiar with diseases common to children, for in no department of medicine is the daily care and diet of the patient proportionately so important.

VOLUNTEER NURSES.

In the summer of 1902 the organization of the nursing force at the sanitarium was somewhat modified. Theretofore graduate nurses about twelve in number, and all equal in rank, had been engaged—wherever they were available—for service under the matron, a nurse. It was then thought that as the service at Mt. Wilson presented unusual opportunities for a nurse to learn much concerning the care of ill children, a part of the nursing could be as effectively done by volunteers, either graduates or seniors in training at recognized schools. This arrangement has been in force for two years and is giving increasing satisfaction.

Each ward is placed in charge of a nurse particularly experienced with children, and her assistants are these volunteer nurses, who serve usually for six weeks, either from June 1 to July 15, or from the latter date to September 1.

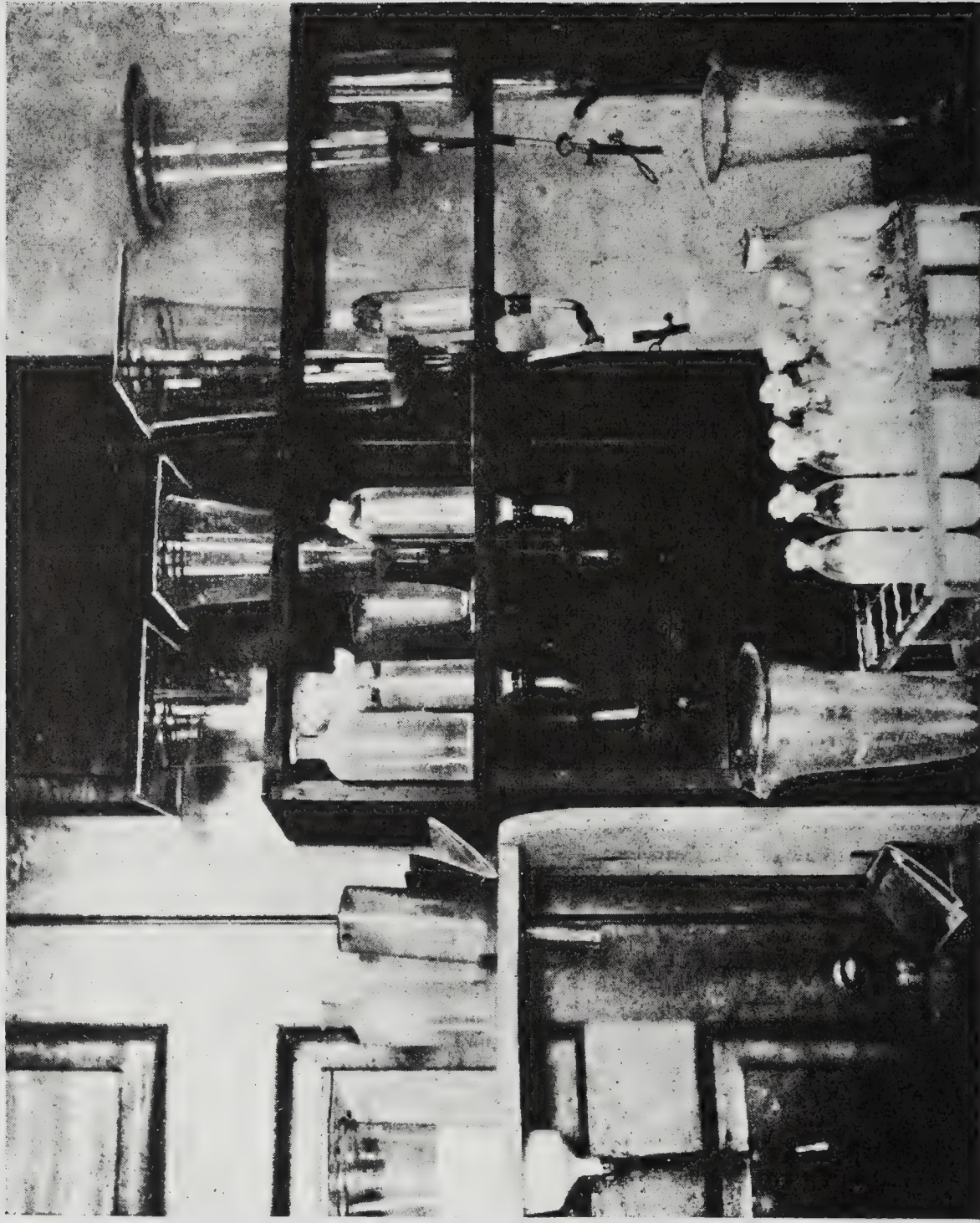
Under a recognized head nurse in the wards discipline is more naturally maintained and the work perhaps more efficiently carried on, as only those nurses care to give up six weeks without compensation who are in earnest and are particularly desirous of learning more about the care of sick infants.

During the summer a number of informal talks are given to the nurses upon subjects pertaining to their work, and they are urged to accompany the staff on the morning visits whenever possible. Last season seven graduates of the Johns Hopkins Training-School did very satisfactory volunteer service at Mt. Wilson. There were also representatives doing good work from St. Luke's Hospital, Richmond; the Home for the Sick, Petersburg, Va.; Roanoke Hospital, Va.; the Methodist Episcopal Hospital, Philadelphia; The Moses Taylor Hospital, Scranton, Pa., and several others.

It is felt that a nurse who has had training in a general hospital and who is interested in children can hardly better round out the sum of her knowledge than by a six-weeks' stay at Mt. Wilson.



PREPARING VARIOUS FORMULAE AND FILLING STERILIZED BOTTLES, BEING CAREFULLY ASEPTIC



STERILIZED TUBES, RESERVOIRS, ETC., FOR MILK, WATER, AND VARIOUS
CEREAL WATERS, ALSO EGG ALBUMEN

NURSERY-MAIDS.

A course for the instruction of nursery-maids was started at the sanitarium two years ago. It is aimed to select at the beginning of each season six young women of good common-school education and give them in four months a practical training in the care of infants and older children. These girls learn how to bathe and dress the babies, prepare their nourishment, etc., under the nurse's direction.

A simple text-book is used as a basis of instruction, which is conducted in large part by the matron or one of the head nurses.

These girls are supplied with uniforms, and are expected at the end of the summer to accept situations as nurse-maids in private families.

There are now about half a dozen girls trained at Mt. Wilson who are giving entire satisfaction in families in and about Baltimore. It is hoped that in this way also the sanitarium may become increasingly useful to the community.

MILK MODIFICATION.

The room for the modification of the milk, fitted up in 1901, has been used each season since. Here the various percentages of proteid, fat, and sugar are combined in the milk from standard mixtures, and whey and the cereal waters are prepared according to the needs of each baby.

Opportunity is given to both nurses and nursery-maids to become familiar with these methods of infant feeding.

DIET OF CONVALESCENT PATIENTS IN THE CITY.

Of late years more attention has been given to the care of the babies returned convalescent to Baltimore. The work of the institution is but partly done when the children who have recovered from severe intestinal diseases are sent back to their homes in the crowded districts and to the impure milk of the corner grocery. Now whenever a child is discharged, the diet and any especial directions necessary are telephoned to the sanitarium nurses in Baltimore, who continue their visits at the home as long as there is any need. This year the sanitarium aided the families of its patients in procuring milk from the Walker-Gordon Laboratory.

THE NURSE THROUGHOUT THE YEAR.

Throughout the year a nurse is employed by the sanitarium to visit among the children of the poor of the city. In this way a great deal of immediate good is accomplished and the purposes of the institution are kept fresh in the minds of many families.

LABORATORY WORK.

The last two years have been particularly busy ones in the laboratory.

Largely through the ingenuity of Dr. V. H. Bassett, pathologist to the sanitarium, and assisted by grants from the Rockefeller Institute for Medical Research, the laboratory has been equipped for pathological and bacteriological work. At the suggestion of Dr. Flexner, of the University of Pennsylvania, at the beginning of the summer of 1902 there was undertaken a systematic examination of the discharges of infants suffering from diarrhoeal disorders. The work was carried on at Mt. Wilson by Dr. A. W. Duval, of the University of Pennsylvania, who had had considerable experience, and by Dr. Bassett.

These investigators, out of fifty-three patients examined, succeeded in isolating the *Bacillus dysenteriae*, Shiga, from the stools in forty-two instances. This organism had been known only for a few years as the cause of a severe variety of dysentery in adults.

An analysis of the cases clinically at the sanitarium showed that the series in which the specific germ was found represented the several varieties of intestinal diseases grouped together as "summer complaint," and led to the confidence that a large proportion of the so-called summer diarrhoeas of infancy are caused by this bacillus.

During last summer the work has been abundantly confirmed not only at Mt. Wilson by Dr. Bassett, but in New York by Dr. Duval and others, and in several other large cities. Now for the first time after many years of investigation methods calculated to check or prevent the great scourge among infants can be placed on a scientific basis.

This summer an immunizing serum prepared under Dr. Flexner's direction was used in a limited number of cases. To some it seemed helpful; to none was it in any way harmful, and it is hoped that this may in the future prove to be a very useful therapeutic measure in the early stage of the disease.

Other work has been carried on in the laboratory of the sanitarium, but perhaps enough has been said to point out the chief directions of our efforts during recent years.



THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS *

By LILIAN D. WALD

(Continued from page 431)

SOCIAL REASONS FOR NOT SENDING TO HOSPITALS.

THE withdrawal of the mother from the home is always most serious and may involve the separation of the family, storing of the furniture, and the possible demoralization of the group. Sometimes her medical need must be subordinated to these considerations. If, however, the nature of her disease and the poverty of her resources require hospital care, a grown daughter, a sister, or a grandmother should assume the responsibility of keeping things together. Failing in this, there is a faint possibility of engaging a woman to look after the family; but this is uncertain, and we must look at the removal to the hospital from the woman's standpoint. She sees herself returning in a weakened condition, gathering furniture and family together, neither the better for the wear and tear of being "put by." However, these considerations must perhaps be set aside. In that event the children have to be cared for, perhaps the furniture stored, and her return anticipated. Little children may be left with friends, if there are such, remembering that the children's schooling should not be interrupted, if possible. In the absence of such friends, temporary institutional care may be provided, such as St. Barnabas Guild in New York. Grown children and a father can usually manage, and with a little friendly looking after on your part (if there is no member of the family to do so) the mother's absence can be safely risked. In one instance where we had the responsibility during the absence of the mother at the hospital, the father remained at work, the children were kept at school, and a little twelve-year-old girl, whose schooling also was not interrupted, was able to manage, with the assistance of a woman who did the family washing once a week, gave all of the children a bath, and who helped the little girl once or twice in the evening, that the week's accumulation might not be too heavy. The breaking up of the family—even temporary—is a matter for serious thought; yet deplorable results may follow if the father leaves his work to nurse the mother, loses his employment, and, being inexperienced, manages the household unwisely, sometimes destructively, and brings about the demoralization you have endeavored to avoid.

* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.

There is practically no social reason other than that of breaking the family tie why a man (father or brother) should not go to the hospital. His illness is expensive, and the nursing, with increased laundry work added to the other cares she must assume, will fall in full measure upon the wife, often with serious injury to her health. From all points of view the sacrificing of the health of one to secure the health of another is foolish. You will usually find that the wage-earner of the family will see many reasons against his disinclination if assured that the money needed for his illness could be used for keeping the house together. If for one reason or another the patient is left at home, there should be adequate care not only for the patient but for preventive work. A patient should have a bed alone. It may be necessary to loan a bed or cot. Sick-room conditions should be established as far as possible—a good place for the bed, a table, chair, or shelf neatly fixed with tray for medicines, patient's supplies, etc. If a district nurse attend, she will give or instruct that the patient if in bed have a daily bath and sufficient linen to keep him and the bed clean. Regular provision should be made for suitable and sufficient nourishment. Sick-room appliances and supplies can usually be loaned. There should be the systematizing of the nursing, in crisis a night nurse engaged, and if the patient is a woman provision for the care of the family and the house, that the husband's employment be uninterrupted. Engaging someone to scrub and wash and to remain with the patient during the day is preferable to the man leaving his work. This, of course, means a case where there are no grown relatives who can be summoned.

HOW TO REGARD OTHERS IN THE FAMILY.

Members of the family, relatives, or neighbors should not be allowed to feel that an outsider has desire or inclination to carry the burden; rather have them feel that you are coming in to share with them and consult as to the steps taken. Indeed, not infrequently the advice from the interested neighbor, who knows the circumstances and habits of the family, is most practical. If you cannot establish coöperation with the family or their friends, you will labor under the disadvantage of having your advice discredited and your injunctions disregarded as soon as you have turned your back.

RELIEF.

Relief may come from various sources, and can be secured through the nurse or visitor without unpleasant effect. I have known frequently a sick person receive milk from the New England Diet Kitchen, ice from a fund, groceries from a society, bedding from the settlement, physician

and supplies from the dispensary, cot and delicacies from a neighboring club, and flowers from a guild—all summoned by the district nurse and not differing, except in degree, from care received by the well-to-do.

Actual relief other than that outlined in the foregoing exclusively for the sick one will be indicated if the wage-earner is incapacitated and if no money has been saved for the rainy day. If the illness is temporary, I should not say that the mere fact of illness justifies the family in seeking outside relief other than medical. Self-respecting people will pawn portable things before asking this, though properly availing themselves of free doctor and nurse.

The question whether the charity visitor should provide money to pay for the doctor when the services of a free doctor can be secured is perplexing. Excellent practitioners engaged by the dispensary are often disregarded for the less efficient, and as this is often a question of personal trust and confidence it is not easily remedied. One frequently experiences the dismay of seeing money entrusted for a specific relief turned into the hands of the doctor, who may not even know the circumstances of the possession, or who may know and who may feel that he cannot be known as a charity doctor, lest he be continually demanded for unpaid services to the destruction of his pay practice.

If sickness is long continued, the relief should be planned to extend adequately, and with no uncertainty to the patient as to its possible withdrawal. A wage-earner may be a semi-invalid and able to earn something, though not sufficient for his family's needs. The income of all the wage-earners should be reckoned, expense of sickness added, and aid given for a specific purpose—rent or food or appliances prescribed. In one case under our care a wage-earning member of the family was ill, his proper care calling for expensive surgical supplies. Private relief was secured to cover the expense of the treatment the equivalent of the young man's board, which was paid to the mother.

Rooms in which there is contagious disease should not be entered by the charity visitor, though I say this with hesitation, as complete isolation, as stated before, is not possible, and none of us are consistent in this matter.

Before dismissing the question of hospital advice one must bear in mind that no large city, certainly not New York, can give hospital room to all of its sick. It is therefore obligatory upon us to seriously plan for what might be called hospital care at home. This I believe possible under an extended district nursing service, which shall not be advisory nursing, but actual care of the sick. Recognition of this has brought to New York City, first under Dr. Lederle and now maintained and extended by the present Commissioner of Health, the services of district nurses for

contagious diseases in the tenements, the system from the first specializing for each disease. Thus there is a measles nurse, a scarlet-fever nurse, a diphtheria nurse. There is now under consideration the districting of the city by nurses for patients suffering from tuberculosis, also to be under the Department of Health. The fact that there is contagious disease in the family often brings additional hardship. When employment has been stopped, particularly in the case of women who work at home or who go out, if we believe, as I hope we all do, in the protection of the general community, it is an obligation upon us to see that the cost of this social conscience does not fall upon the poorest, the one deprived of the work.

The problem of the chronic invalid is not easily solved on account of the inadequacy of suitable institutions. There are some, however, and pressure can rightly be brought when the health of others, particularly on account of pulmonary tuberculosis, needs consideration. When the patient can be properly cared for at home, if there is insurmountable objection on the part of the patient to go to an institution, and reasonable care is given by the family, it seems sound to say that the cost of the maintenance of the patient in an institution can, without demoralization, be added to the family's income, and thus enable it to keep the incurable at home.

Friendly visitors can give valuable assistance, and establish unstrained connection with the families by assuming partial care of the children requiring orthopædic attention. These usually require being taken to the dispensary, and the saving of the time of a possibly overworked woman by attending to removal of splints, etc., is important. Such children frequently require instruction at home and regular outings, and it should not be difficult to share her responsibilities with her. One must begin very early with such children to consider the preparation for trade or profession, and there is call for thought and endeavor covering many years.

The dread of the hospitals seems inherent in many. The memory of many continental hospitals, with their want of personal consideration, and their high regard for scientific research, is partly the cause, I think. Our own hospitals, however, are not always free from the charge of being more or less mechanical and impersonal. It is, however, the first hour, the entrance to the hospital, that chills the patient and friends, and the willingness on your part to accompany the patient to the hospital, and thus make a link between the institution and the patient, the doctor and the nurse in the ward, would oftentimes do away with the objection. Such efforts as Dr. Lederle made, by taking parties of those most directly interested to see the hospitals for contagious diseases, were

right and humane, and did actually make a difference. His provision for the possibility of friends telephoning to a convalescent friend, directly to the ward, was another step towards the elimination of fear and doubt.

(To be continued.)

THE IDEAL NURSE

A RECIPE

IF you would make an ideal Nurse,
Just follow these directions terse:

Take all the virtues, one by one,
That can be found beneath the sun;
Rude health will surely be required,
And strength and patience never tired;
Truthfulness almost to excess,
With tact that borders on *finesse*;
The man's control of heart and nerve,
The woman's eagerness to serve;
A spirit capable of sway,
Yet trained in meekness to obey;
An aim sublime, a tender heart,
The skill to act a varying part;
An observation wide and clear,
A watchful eye, a listening ear;
A hand as soft as velveteen
Though often washed in one-nineteen.

Take these and mix them, if you please,
In right combining quantities;
Add as a flavoring, generously,
Strong essence sweet of sympathy;
And like a sauce to bind the whole
Use true unselfishness of soul.
Warm well—the mixture's spoilt if cold;
Serve in a neat and tasteful mould.

MAY JUST.

ETHICS OF NURSING

BY FRANCES M. QUAIFE

Superintendent Touro Infirmary Training-School for Nurses, New Orleans, La.

THE science of duty and the principles of duty as applied to nursing—what do they embrace? Much more than technical knowledge and skill, important as they are, that years of study and training and experience can give. Underlying them must be the motives and thoughts that, converted into action, will make the performance of every act an expression of the spirit of the noble profession that nursing is.

It has been said that in education the aims called for by the world are embraced in the two words, character and health. The precepts and practice of the Great Teacher in His perfect human life establish that truth, but it has been a long while dawning upon the minds and mellowing the hearts of the inhabitants of the world. The fact too is gradually enlightening the understanding and bringing practical results in the readjustment of educational, social, and industrial standards along altruistic lines.

Nursing is a manual occupation and a profession based upon character and health, and a woman engaged in it is afforded peculiar opportunities for exercising and cultivating her natural faculties in the direction that meets these aims. Whether in the ranks, as a private nurse caring for one patient at a time, or in settlement or district work, or in charge of a ward or a training-school or a hospital, she should recognize herself as a product of the evolutionary forces that are at work to perfect the race. That is a wide perspective, but it is the one view that will serve as the true incentive to live up to them. By being herself an embodiment of plain living, high thinking, and healthful, cleanly habits, these traits become the strong warp of the character that she is weaving into the web of life, which depends for its beauty upon those graces of heart and soul that form the woof. What are those graces? They are the fruits of the spirit: love, joy, peace, long-suffering, gentleness, faith, righteousness, and truth.

Consider for a moment the quiet beneficence of the influence of such a character wherever she moves, and especially at the bedside of the sick and suffering. Her presence, her look, her touch, radiate health and comfort and sympathy, and they, together with her knowledge of technique, her systematic methods and skill, her unobtrusive, helpful ways, inspire confidence in the doctor, whose helpmate she is; in the patient, who depends largely upon her for cheer and courage; and in those who are nearest to the patient through ties of kinship and love.

That broad outlook is necessary for her own intellectual health and happiness, and will preserve her from the mistake of narrowing her field of observation and interest, and from allowing her trying routine of details to sink into drudgery. It will dignify her conception of work, and she will come to think that what she can do is her chiefest ornament, the main thing being to do her work well. She will realize that her vocation is truly that of service, and that, however humble her offices for those entrusted to her care may be, they are worthy of her intelligent thought and conscientious performance. Nothing in her line of duty will seem to her common or unclean. She will not shirk disagreeable things that fall to her lot, but will look upon them rather as means of self-discipline, and upon such discipline as a forming principle in the development of character, as a means to the end of subjecting indolence and self-indulgence to the higher powers of her moral nature. She will strive for a broad culture—a culture that is no mere dead possession, but a power of determination; a power that is life—inward, personal life, full of independence and not subject to the will of others; a culture that is a determining factor in deciding what is right for herself, and how best she can perform the work that has been assigned for her to do. To the nurse who lives in a club this phase of experience must often present itself, for unconsciously she is influenced by others, and not always rightly. Of individual responsibility no one can relieve her, and she should not want to be relieved, for the measure of her responsibility is the test of her capacity and strength to bear burdens and to help carry on the world's great work, and having direct access to the great source of strength and wisdom, there is no limit to her acquisition of capacity.

With the presentation of these few thoughts relating to the principles of the ethics of nursing, is it not appropriate to indulge in a little introspection and inquiry?

Does the nurse live up to her ideals? Does she even try very hard to do so? Does the desire to do perfect work in every detail take possession of her mind and heart, and the thought of self-sacrifice and service enter her conception of her work?

Does she dwell upon her duty to herself chiefly in regulating her pecuniary reward for a certain amount of work not to exceed in value the money to be received? Does her relationship to her patient mean, first, a stipulation for so many hours off for rest and sleep; a jealousy as to, and a misunderstanding on her part of, her position in the family, manifested by her receiving her friends as callers in the home of her patrons, who are paying for her time and services? Is she forcing the doctors to understand that her training and skill and experience have prepared her for only a few choice and very select cases, neither too

long nor too short, the location not to extend a mile beyond a certain limit, the time of day an important matter, while after midnight no one need apply, however inconvenient it may be for the hopeless patient to regulate the hour of sickness? Does she ignore the ordinary laws of business relations in her intercourse with the community, and think that, because she is a nurse, she is exempt or entitled to special privileges? In what light does she view that most sacred office of ministering to the mother in the trying hours of her labor, when she most needs the skilful services of a trained nurse, that she places obstetrics on the tabooed list?

It cannot be that she entered upon this holy office of caring for the sick with the thought that it was a life of ease? that she is looking for the luxuries of life where she must expect to find much hardship and personal discomfort?

What is the actuating principle that will make a nurse decline to accept a call when a man states frankly that he cannot afford to pay her full rates for her attendance on a sick member of his family, but that he is willing to pay her the whole of his salary? In short, is the spirit of commercialism and self-indulgence taking possession of and extending its influence through her beautiful profession?

Is the nurse keeping herself abreast of the times? Is she making use of her opportunities to develop herself for the wider field of usefulness that is yearly opening up before her? Does she even acquaint herself with her opportunities of self-improvement in her own line by means of new text-books, the nursing journals, the *alumnæ* meetings, post-graduate work, or clinical advantages?

Is she making herself an indispensable member of her own *alumnæ* association by honest, hard work, or is she contenting herself with criticising its weakness?

Let each nurse bring these questions home to herself and answer them in the searchlight of conscience.

The great army of self-sacrificing workers in this profession need no defence or public recognition. Their noble deeds are performed, and their devotion to duty and charitable works are bestowed, without thought of favorable comment. Their reward is sufficient in knowing simply that they are helping those more needy than themselves, and that they are doing it for the love of humanity. If record is made, it is made by Him who said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

Many of you have probably read that beautiful tribute paid by the Rev. Reed Stuart to Queen Victoria. Because we are women with ideals, and nurses with an aim and a purpose in life, let me repeat its closing

lines here: "It is not fashion nor wealth nor social position that imports, only truth and love and faith and duty; only passion for spiritual ideals can make life possess any lasting value. All who thus live, whether in a palace or in a cottage, belong to earth's nobility. Queen, crowned of God—her empire is not bounded by India and the islands of the sea, it includes the sunrise and the sunset and the splendid stars."

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Concluded from page 435)

"As a man's home is, such is his life. Life is given us that we may train all our faculties, and the business of the Twentieth Century is to see that the home shall make man, woman, boy, or girl stronger and better fitted for new duty all the time."

—EDWARD EVERETT HALE.

THE thoughts of spring house-cleaning are borne in to us on the waves of fresh spring air, as we open wide our windows these April mornings.

Nature is cleaning out-of-doors, with buckets full of clear rain-water, numerous wind-brooms, and dainty new draperies and carpets all over her summer home, and the good housewife prepares to fold away all thoughts of winter in camphor bags and cedar chests, and put the house in summer attire before the languid days are upon us.

In order of sequence the kitchen is the last room in the house to be adorned, but we will reverse this order for once and commence at the foundation of our homes, keeping in mind the importance of applying the principles of hygiene to everything which is of service in the care and preparation of the material which we use in building up our physical life.

I venture to state that in the majority of homes, great and small, little attention is paid to the hygienic surroundings of the room where our daily bread is prepared.

We are flooded with health-foods, scientific treatment of diet, selected diet-lists to suit all sorts and conditions of man, but behind all

lies the kitchen, sometimes dark, gloomy, and unhealthy, and frequently in need of a thorough overhauling.

To begin with, sunshine almost never gets a chance to peep in at the kitchen window—that is, in the city homes, with the low basement kitchen of the self-contained house, or the slip of a room on the darkest and least attractive side of the apartment-house which is set aside for the workroom of the home.

For the sake of the cook, maid-of-all-work, or home-mother who has to do her own work, as well as for the benefit of the family who eat the food prepared in the kitchen, sunshine must be introduced artificially if it cannot come naturally.

The ceiling and walls require painting much oftener than the rest of the house, as they grow dingy rapidly.

A pale yellow on the walls will almost deceive one in regard to the absence of sunshine; white soils too soon. Enamel paint should be used, and if washed off once a month, will always have a bright, clean face.

Oftentimes a blank wall stretches its gloomy length in front of the kitchen window, grimy with coal-dust. Nothing will overcome this difficulty but a fresh coat of paint on the wall and a clean muslin sash curtain at the window, which latter has another advantage, as it tends to curb the curiosity of one's neighbor.

Linoleum for the floor should be in very light colors, the design small, and the pattern clear and decided. In country kitchens a small rug at sink and washtubs during the winter will receive grateful recognition.

In the home where one maid is kept a gas-stove is without equal for saving time and trouble: no ashes to be removed, no fire to be watched, or agonizing efforts to make it burn when determined to go out at the critical moment. All the removable parts of the stove should be boiled in a strong solution of washing-soda every six months, and the gas will burn brightly and evenly.

Porcelain sinks are now placed in the new kitchens, and they are a delight to the eye in contrast to the dark, doubtful depths of the old-time sink; of course, a wire brush, with no resting place for microbes, usurps the place of the old straw sink-broom.

The pail for scraps should have a close-fitting cover and be scalded and aired daily.

In an up-to-date modern kitchen, with walls tiled to the roof, electric light, and many other luxuries, I was shown the large kitchen table covered by a heavy sheet of glass, certainly the height of kitchen hygiene, as it is so easily cleaned and allows no resting place for germs.

This kitchen contained a rack to hang pots of all sizes of polished

copper, but the cook opened the glass doors of a large closet and pointed to a supply of granite ware, which she said were the real workers, the copper ones being ornamental but not useful, on account of the polishing they required.

Whatever we undertake to do, we are greatly helped by having our tools at hand, and so it is with cooking. A carpenter's strap fastened on the wall, over the stove, to hold large and small spoons, forks, knives, etc., saves many footsteps, also a shelf with a row of neatly labelled bottles for seasonings and small groceries. All sorts and sizes of bottles, jars, or boxes may be utilized, the main point being to have a cover and plainly marked label for each, and to put the shelf in a convenient place.

The well-run apartment-houses employ a man to visit all the kitchens once a week and blow around a strong powder to prevent cockroaches from taking up their abode, and the plan is excellent—not to await their arrival, but to powder all suspicious corners weekly and thus discourage their advance. Absolute cleanliness, with no food left uncovered, is the greatest aid in getting rid of these pests.

“Please, ma'am, may I see the kitchen?” is not infrequently asked in these days by the maid applying for a position. And not without reason is the place refused when she is ushered into a gloomy, unattractive kitchen, where she is expected to spend the greater part of her time.

We are learning rapidly that our surroundings have a large influence on our lives, and a self-respecting woman cannot do justice to herself or her work when doomed to work in a dreary atmosphere. There are kitchens (and they are not few) displaying a woeful lack of clean paint, fresh air, and sufficient light, crowded with unnecessary furniture, and sometimes even pressed into service to do duty as the cook's sleeping- and dressing-room. How can we expect such a kitchen to produce clean, well-cooked meals!

One of the perplexing causes of the “servant question” would be removed if the mistress took more care to make the kitchen an attractive workroom, and the majority of girls will take pride in keeping the room dainty and clean if the mistress shows an interest in it and looks over it at least once a week.

As regards the comfort of the cook, be she maid or mistress, a bright, growing geranium in the window will refresh her eyes, and a comfortable little rocking-chair ready for a moment's rest “between whiles” will relieve the tired back and feet and give evidence to the fact that all the comforts of the house are not confined to the living-rooms of the family.

RADIUM

By MRS. E. M. SIMPSON

Superintendent of Nurses, Massachusetts Homœopathic Hospital, Boston, Mass.

THE discovery of the new metal, radium, seems to be one of the very greatest importance both from a practical and scientific standpoint, and, as we as nurses are pleased to count ourselves among those who take an interest in scientific progress, a description of this remarkable element, gathered from the many newspaper accounts and magazine articles, but without their tiresome and often incomprehensible technicalities, may be interesting and instructive to those who have not the time or, perhaps, the inclination to do their own weeding.

Radium is one of three elements which are spoken of as "radio-active elements," all differing widely from one another in many ways, but possessing one property in common: they emit spontaneously certain peculiar rays called Becquerel rays, which act on photographic plates, produce heat and light and many other important effects. These rays, to which his name has been given, were discovered quite by accident by Professor Henri Becquerel, of the University of Paris, in 1896. He undertook some experiments to test a theory advanced by several French physicists that X-rays might be produced if phosphorescent substances were exposed to sunlight instead of the electrical action of a Crooke's tube. A mineral containing the metal uranium was placed upon a photographic plate and wrapped in dark paper. A storm came up before the experiment was completed and postponed it for several days, during which time the plates were left in a darkened room. When the work was resumed, thinking some change might have taken place, he developed the plates instead of leaving them to be destroyed, and the result was better pictures than he had ever obtained before—all due to the rays from the mineral, the exposure to sunlight not having affected it in the least.

Further investigation, however, proved that the rays produced by uranium were too feeble to be of any practical value, and M. Becquerel's discovery would have aroused little interest had it not led to the more important one of this unique element, radium.

It is interesting to know that its discovery was due primarily to a woman, Mme. Sklodouske Curie, in consequence of which she now ranks among the most prominent scientists of the day.

Mme. Curie began her work in 1897, and the task she set for herself was like searching for specks of dust in a sand-hill or "drops of perfume scattered in a river." She soon made the surprising discovery that

minerals containing uranium were more radio-active than the metal itself. This led her to believe that some other and more active substance was present. A little later she was joined in the search for the new element by her husband, M. Curie, and together they solved the problem. Radium has not yet been completely isolated, but is obtained in some of its simpler compounds, chloride of radium being the commonest form and looking like ordinary coarse-grained salt. To secure one grain of the powder requires the treatment of half a ton of pitch-blende, the mineral from which it is produced. The removal of uranium reduces it to a lumpy, reddish powder, and this constitutes the raw material from which radium is extracted. Some idea of the tremendous amount of work and time involved in its extraction and manipulation may be gathered from the fact that out of tons of uranite powder and years of work only about a tablespoonful of the pure chloride of radium has been obtained. France and Germany each have about one gramme, America has a little less than that amount, and the rest of the world only about one-half gramme.

M. Curie thinks it is doubtful if there is much radium in the earth, and what there is seems to be so thinly scattered that the cost of taking out and purifying it is almost prohibitive. It has been estimated that under existing conditions radium is worth about three thousand times its weight in pure gold. An interesting fact has been noted lately, however, and that is that the air from deep borings in the earth and waters from mineral springs have been found to be radio-active. This would seem to indicate its presence in considerable quantities.

The properties of radium are extremely curious. It is spontaneously luminous, emitting a light which resembles that of the glowworm. It spontaneously charges itself with electricity, and possesses the property of liberating heat spontaneously and continuously with apparently no loss of weight or power.

Radium also has the power of communicating its radio-activity to surrounding bodies—a plate, a piece of iron or glass, anything with which it comes in contact. Thus a scientist or doctor unable to procure the metal may experiment with an object charged with its emanations as long as the charge keeps its potency.

Radium is an element of destruction, and too frequent handling will make the hands raw and sore. M. Becquerel, journeying from Paris to London, carried a small tube of the metal, to be used at a lecture, in his pocket. He felt no discomfort at the time, but two weeks later a sore, which became deep and painful, formed in the skin directly under the pocket and remained for weeks before healing.

The effects of radium on organic life, shown by experiments upon

animals, is one of its most interesting and important properties. Animals exposed for any length of time to its rays lost their fur, became blind, and finally died. On the other hand, when exposed for a shorter time to radium of lower intensity or at a greater distance they have seemed to thrive under the treatment.

The most remarkable experiment performed, however, was that of arresting organic development. Little worms that live in flour were used for this purpose. After exposure to the radium rays the larvæ all died in a few weeks, with one exception, and at the end of four months he was still alive, a patriarch among his kind, having lived through three times his ordinary span of life. It was as if a human being should keep the appearance of youth for two or three hundred years.

Medicine seems to be the most promising field for the practical utilization of radium rays at present, and experiments are already in progress to determine how it may be made useful in the treatment of diseased conditions. It is early to speak of its results as certainties, but there are undoubtedly possibilities. In London and Paris such diseases as cancer, lupus, and other skin disorders have been treated with the radium rays for more than a year. The usual method is to enclose a small quantity of the metal between two small disks, the whole being about the size of a silver dollar. This is pressed against the affected part for fifteen minutes. The treatment is kept up day after day, sometimes for weeks and months, until the sores finally heal, leaving healthy white scars. It is hoped that air rendered radio-active may help sufferers from lung affections, and water rendered radio-active may be used in treatment of diseases of the stomach. Radium may possibly be used also as a means of diagnosis in cases of cataract. If a tube containing the powder be pressed against the closed eyelid in a darkened room, the individual immediately has a sensation of diffused light, thus showing that its rays have the power of making the liquids of the eyeballs self-luminous. Consequently the ability of a person blind from cataract to see the radium light means that the retina is intact and the eyesight may be restored by removing the cataract; otherwise such an operation is useless. Very extensive investigations are made impossible by the small amount of radium in existence. One of the things to be hoped for in the future is a simple and less costly method of extracting and purifying it.

Mme. Curie in her very interesting paper in the *January Century* said: "Research in all branches of experimental science, physics, chemistry, physiology, and medicine is impeded, and a whole evolution in science is retarded, by the lack of this precious and unique material, which can now be obtained only at great expense."

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 448)

XI. THE COOKING OF FOOD—PROTEIDS

THE application of heat to food materials is a science not yet well understood. In spite of all we say to-day about scientific cooking, the most accurate work we can do falls far short of the exactness of the laboratory methods in such sciences as chemistry or physics. This is true because of our ignorance of the nature of much of the material with which we have to do. The constituents of our foods are among the most complex substances known, and comparatively little has been done to investigate them. We know that heat produces a change in the gluten of our bread, but the opinions of experts differ greatly in regard to the character of this change. The science of cookery, consequently, is still in its infancy, whatever may be true of the art. Yet we aim at certain definite ends in the cooking of our food, and these we may reasonably expect to attain.

We cook to render food more digestible, more palatable, and more safe. It is true that sometimes one of these ends must be sacrificed to the others. Then we must choose the most important.

In our cooking of food containing a large proportion of proteids we often decrease, rather than increase, the digestibility, but the gain in flavor and in safety more than compensates for the slight loss in this respect, provided we make the loss as little as possible.

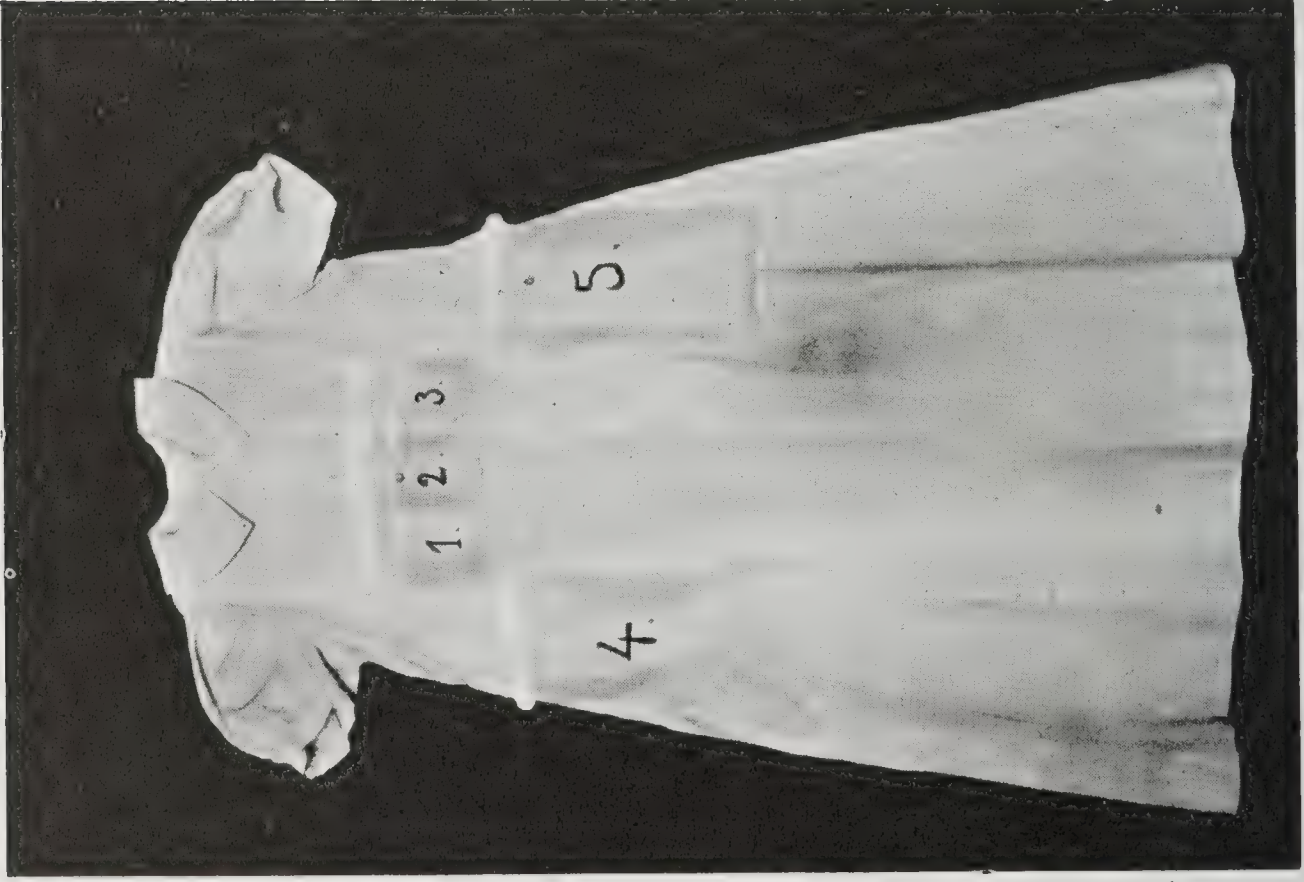
The effect of heat upon a typical proteid is well illustrated by a simple experiment. Fill a test-tube to about one-third of its capacity with white of egg and immerse it in a dish of water. Suspend a thermometer in the test-tube and heat the water slowly to boiling. The temperature at which certain changes in the egg take place may be easily noted. At about 140° F. a white, thread-like appearance is seen; gradually the cloudiness increases, until at 160° F. the egg is opaque and thick, but still soft. This soft, creamy condition continues till the thermometer registers about 180° F. Above this temperature the egg grows harder, and when the water is allowed to boil for a few moments the egg becomes a tough, horny mass, even although its own temperature does not quite reach the boiling-point. An examination of this hardened albumen will readily convince one that the digestive juices cannot act

upon it so readily as upon the albumen in the softer, more tender condition. One factor in the digestibility of food is undoubtedly its finely divided state, and this tough, almost horny, substance would need to be masticated more thoroughly than is often done to insure this condition.

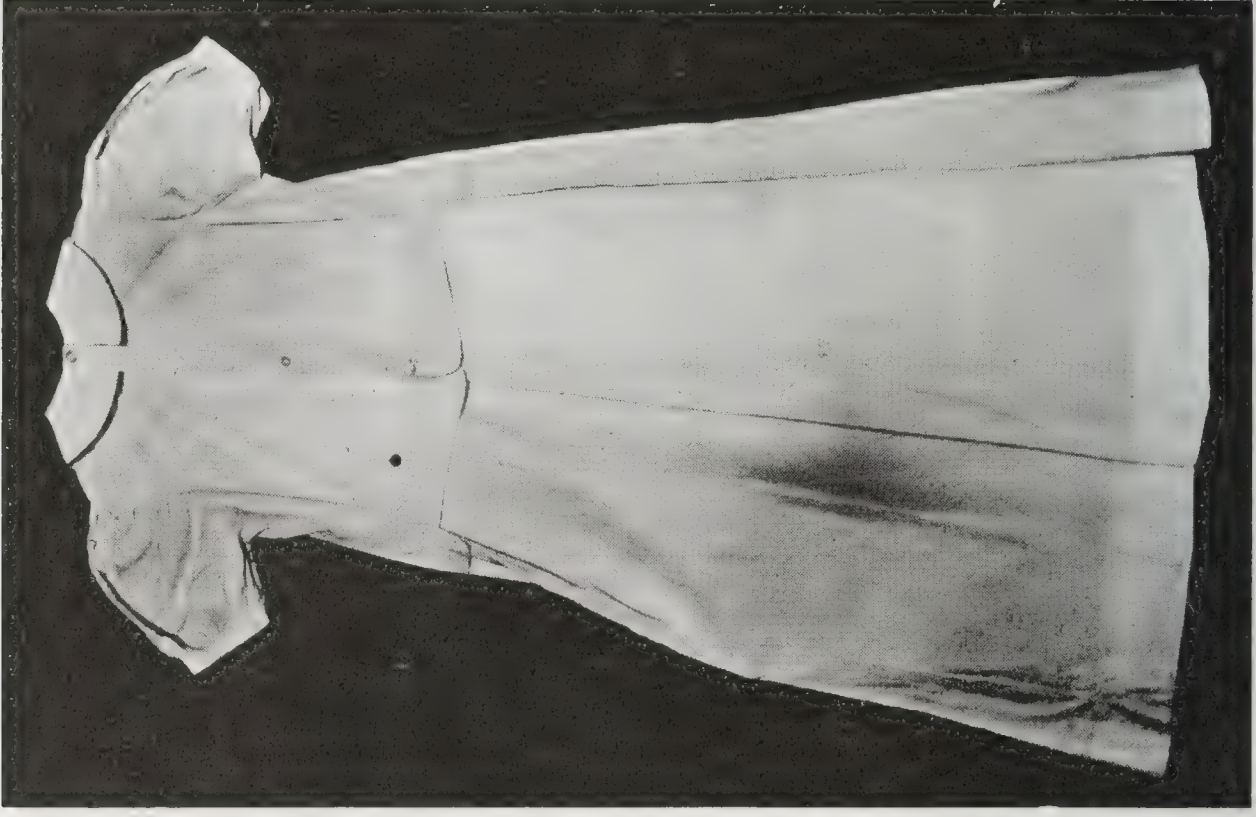
The hardening effect of heat is well shown also in the toughening of milk curd and of cheese. In preparing what is known as cottage cheese, if the temperature of the sour milk is allowed to become too high a tough, hard curd is produced instead of the tender, friable substance yielded at the lower temperature. In making a Welsh rarebit one often has an illustration of the same change—a little too much heat, and the cheese becomes stringy, tough, and hard.

A similar result, although not so marked, is obtained when meat is cooked at a high temperature. A piece of beef may be boiled until it falls to pieces because the connective tissue has been changed to gelatin and dissolved, while each muscle fibre, instead of being tender and juicy, is dry and tough. This principle of the low cooking temperature for proteids is an important one and should be applied whenever possible. An egg, to be poached, should be dropped into water just below the boiling-point rather than into boiling water. Creamy and scrambled eggs as well as boiled custard should be cooked over hot water and care taken that the heat is neither too great nor too long continued. Fried eggs are necessarily cooked at so high a temperature as to lessen materially their digestibility. A "boiled egg" (more properly called an egg cooked in water) may be prepared either by putting the egg into boiling water, removing the dish immediately from the heat, and allowing it to stand for ten minutes; or, the egg may be put into cold water, the temperature brought to 180° F. and maintained there for six minutes. A few experiments with a thermometer will enable one to recognize this temperature quite accurately by physical appearances merely. The egg at this temperature becomes thickly coated with fine bubbles. If the egg is desired hard, the cooking by either method must be continued some minutes longer. Even a half hour at 180° F. leaves the egg, though thoroughly cooked, of a creamy consistency throughout. Of course, there are cases when this ideal condition must be sacrificed to convenience. An egg to be used in garnishing or to be put into the lunch-box must be actually boiled.

A third method of cooking an egg in water is to put the egg into cold water and bring the water to the boiling-point, removing the egg immediately, before the heat has had time to penetrate it too thoroughly. The first of the three methods is the least certain, as so much depends upon the amount of water used and the rapidity with which it is allowed to cool.



THE FRANKLIN GOWN—FRONT



THE FRANKLIN GOWN—BACK

The effect of heat on albumen has a bearing on the cleansing of dishes soiled with egg. The egg-beater or the spoon used in eating egg becomes most difficult to wash if put into hot water, while cold water used first dissolves and loosens the material. The same thing is true of the milk-bottle. Rinsed first in cold water, it becomes easy to cleanse in hot water.

(To be continued.)

THE FRANKLIN GOWN

By H. GRACE FRANKLIN

Graduate New York City Training-School

HAVING been called to several obstetrical and operative cases without due notice, I have found the need of a proper gown for such occasions.

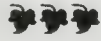
So often with a small amount of time, a small space where we can have few tables, and no assistant given us, we are expected to have everything surgically clean. This is almost impossible with some cases. To have no one to assist, no tables or space for tables upon which to place our dressings, and yet infect neither patient nor dressings, is a difficulty that not a few nurses have found it hard to overcome.

The little improvements I have made to the gown, as shown in the illustrations, will in part remove a great deal of the difficulty.

There are no gathers at the neck, and the gown will not fall forward and sweep the floor or the surrounding furniture. But the greatest of all the improvements is in the pockets, and, as will be seen in the pictures, the pockets are made with large flaps to be buttoned down. The pockets can be used for any dressings, but in an obstetrical case I have arranged to have plain and iodoform intra-uterine packing in No. 1, the tape for tying the cord in No. 2, safety-pins in No. 3, sterilized towel in No. 5, and No. 4 to contain a vulva pad and gauze sponges. All of these can be done up in separate covers and placed in the pockets and the pockets buttoned down and all sterilized together. Thus, you see, we have overcome the necessity for tables and an assistant. If it is a case where we are to remain clean, we have our sterilized gown and all of our dressings complete, and if we are not to remain clean, we have the gown to protect our uniform, and yet our dressings remain clean and within reach of the hand, and can be taken from the pockets and the outside cover unfastened and clean dressings handed to the operator as needed. Even where we have plenty of room and assistance it will be found to be a great convenience and to save much time and confusion.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



ADVENTURES OF AN ARMY NURSE IN TWO WARS. Edited from the Diary and Correspondence of Mary Phinney, Baroness von Olnhausen, by James Phinney Munroe. Little, Brown & Company, publishers, 254 Washington Street, Boston, Mass.

This story of a woman's life goes far to prove the statement so often repeated and so persistently combated by all of us, in action if not in word, and especially while we are still in the early day of our experience, that to know life it is not enough to know the pleasant parts, the joys of loving companionship, the pleasures of congenial work with ample compensation and generous leisure, the advantages of good birth and liberal education, but that we must know hardship, sorrow, and suffering to make complete the perfectly rounded whole of life.

"Then, welcome each rebuff
That turns earth's smoothness rough,
Each sting that bids nor sit, nor stand, but go!
Be our joys three-part pain!
Strive, and hold cheap the strain;
Learn, nor account the pang; dare, never grudge the throe!"

I have never read a more convincing testimony of a happy old age than the closing pages of the book present; and what a life lies behind those cheerful last days! A life spent willingly, prodigally, in the service of others. It is the more extraordinary when we reflect that this public activity, if one may so term it, only began with her widowhood at the age of forty-two years, after her short married life of two years. What she was up to the time of her marriage we are not advised of to any extent, but we gather that she was a cheerful, busy soul, entering heartily into the interests of the other members of her family, doing her share of household work, donning a pre-bloomer costume to work in the garden, assisting her father in his favorite recreation of grafting trees till late at night, returning from long tramps in the woods, with now a snake or a toad, or again a batch of beetles in her pockets, and when at her father's death she goes to find employment in the cotton mill there are no lamentations or protestings; it seems to have been taken up briskly and with keen interest as a new side of life from which as much as possible was to be gotten.

Her experiences in the two wars—the Civil War in America and the Franco-Prussian War—are wonderfully similar, allowing for difference in conditions and nationality. War seems to bring things to very much the same level, whether it is on this side of the water or the other.

Her letters continue all through to present everything that will brighten and modify the parts which must be horrible, being, as they are, true and vivid pictures of the incidents of war. There are wistful notes in her foreign letters that make us realize the fact that brightness is not kept without a hard struggle at

times. She reached Berlin November 5, 1870, and on February 16, 1871, she writes: "I have often had the excuse of feeling too sad to write, but I think never, until now, too happy. Yesterday, for the first time since I left America, I received letters from home." Again, April 19, 1871: "I'm just glad enough to be back here, feeling that now I can hear regularly from you, and you also from me. You can't know what a cross it has been to me, and nothing but my Yankee grit ever carried me through." Her last letter, written a short time before her death, at the age of eighty-four, is by no means the production of a broken-down old woman. She was included in a company of German women of Boston who were received by Prince Henry of Prussia when in 1902 he visited America. She describes the event in the following: "The leaves are most beautiful. I have never seen any handsomer. They came the day I went to see the Prince, but I did not take him any, and have regretted since that I did not; but it was so formidable, and I am such a fool, I only wanted it over. He was most gracious, and not at all formidable; shook my hand twice, just as any other *feller* would. I am glad now I had the courage to go, especially on account of the younger nieces and nephews, who were so anxious for me to do so. They are making a great fuss in the papers—of course, it's all exaggerated. Really, the whole thing was what anyone would have done much better than I did, only I had the luck. How splendidly you would have carried out the meeting! I forgot to bow low or to address him with any title; so stupid!"

At this time she is engaged—after several ventures in other lines which did not result satisfactorily—in earning her living by designing and working embroideries.

One feels somewhat the inadequate recognition given either in this country or Germany to the service rendered the sick and wounded. There is the Iron Cross—and some other bauble. She, however, never looked for any other than the satisfaction of having stupendous work to do and accomplishing the same in spite of overwhelming difficulties. Without training in nursing, she set herself to learn of anyone who would teach her, and the letters of Dr. Palmer and others testify to her ability acquired in such a precarious fashion. That she suffered somewhat for want of a very liberal education she freely confesses, asking her reader if "ankle" is spelled with a "k" or a "c," or she gets along, she says, "amazingly well" with her accounts when wages to her help are twenty-five cents per day, because "there are no sevens or nines in the figures."

We are inclined to find fault with Mr. Munroe for his lack of dates. We could wish the portrait dated. One wants to know at what period in her wonderful career it represents her. But we are deeply grateful for what he has given, and most particularly for allowing the letters and diary to convey their own impression and retain the individuality of the writer. The book is very heartily recommended. It is sure to become known to a large class of readers outside of nursing circles, and its success and popularity are safe to predict.

THE CRUEL SIDE OF WAR. With the Army of the Potomac. Letters from the Head-quarters of the United States Sanitary Commission during the Peninsular Campaign in Virginia in 1862. By Katherine Wormeley. Roberts Bros., publishers, Boston.

Reading the adventures of the Baroness von Olnhausen brings to mind a book published first under the title "The Other Side of War," and later in 1898 with the title changed to "The Cruel Side of War." It is a series of personal letters

telling of the work done by American women during the war—how they organized all over the country under the name of “Soldiers’ Aid Societies,” and of what they accomplished in alleviating the sufferings of the sick and wounded.

It seems strange to read of Mrs. Griffen, the president of Bellevue Training-School for Nurses, starting on the steamship Daniel Webster to join the Hospital Transport Service, with three ladies in her company whose duties were to “attend to the beds, the linen, the clothing of the patients,” “do all the cooking for the sick,” “what else, time and experience will show.” It may be ancient history to nurses of earlier graduation, but we venture to affirm that the book is not well known to recent graduates except where the names of Miss Rosalie Butler and Mrs. William Preston Griffen are household words, as in Bellevue Training-School or the New York City Training-School on Blackwell’s Island. It shows a different side of the nursing from that in the Baroness von Olnhausen’s experiences, but is none the less interesting. They go side by side on one’s book-shelf.



BOOKS AS HARBORERS OF DISEASE.—The *New York Times* of February 8 has an article on the above subject, which says: “This is preëminently the age of large free libraries, as it is also of microbes. The germ theory of disease has been evolved within a comparatively recent period, and hurtful micro-organisms have been found to lurk in the most unsuspected places. Under these circumstances, then, it is by no means a cause for surprise that attention should be called to the menace to the general health afforded by the much-used public library, and especially by the lending libraries. It is easy to conceive that epidemics of contagious and infectious disease may be quickly spread by the agency of contaminated books, and it is likewise hard to see how such occurrences can be entirely prevented. Books may be sterilized and disinfected, and yet may be full of noxious germs. The editorial in the *Times*, however, points out that the recent investigations of German microscopists concerning the number and variety of malevolent micro-organisms found in colonies in the bindings and between the covers of books from the public libraries are not, as is supposed by many, new discoveries. The fact has been known almost for as long a time as bacteriology itself. The multiplication of libraries of late has brought the danger resulting from the circulation of books more prominently before the public, and the question now is how to minimize this danger. Sterilization, even when effective, is difficult to apply with success to books, and the problem presented does not lend itself easily to solution. Books, or at least some books, improve the mind, but when they, at the same time, injure the body, the reading public may truly be said to be on the horns of a dilemma.”

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



STIMULATING THE SECRETION IN NURSING WOMEN.—The *Medical Record* in a synopsis of an article from a German contemporary says: "Zlocisti points out the necessity of encouraging nursing instead of bottle-feeding and reports the results he has had with a purified form of cotton-seed used as a galactagogue. The observations of dairymen have established the value of the oil-cake obtained as a by-product in the expression of the oil from cotton-seed as a means of increasing the milk output of dairies, and the author has employed a purified product deprived of its indigestible cellulose constituents for a similar purpose with nursing women. The results showed that the preparation was not found disagreeable to take by the women and that it did not seem to cause any undesirable effects. In all of the twelve cases in which it was given it seemed to cause a very marked stimulation of the milk flow, which became apparent on the third or fourth day, when twenty-five to thirty grammes of the substance had been administered."

FOR THE DISINFECTION OF STOOLS.—*Revue française de médecine et de chirurgie* for January 11 recommends a teaspoonful (five grammes, or seventy-five grains) of the following mixture to be put into the commode: Zinc sulphate, one hundred grammes (three ounces); sulphuric acid, five to ten grammes (seventy-five to one hundred and fifty minims); essential oil of mirbane, 0.02 gramme (one-third minim); indigo blue, 0.15 gramme (one-sixth grain). The blue is merely a distinctive mark to prevent errors. This mixture effectually kills the unpleasant odor of stools and urine.

CONSUMING ONE'S OWN SMOKE.—This bit of advice given to medical students by Dr. William Osler may well be laid to heart by nurses: "A conscientious pursuit of Plato's ideal perfection may teach you the three great lessons of life. You may learn to consume your own smoke. The atmosphere of life is darkened by the murmurings and whimperings of men and women over the non-essentials, the trifles, that are inevitably incident to the hurly-burly of the day's routine. Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity, and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints."

ARTIFICIAL CAMPHOR.—The *Journal of the American Medical Association* says: "Prior to 1828 chemists made a sharp distinction between organic and inorganic compounds, it being supposed that the latter are capable of preparation in the laboratory, while the former are formed only in the living organism, animal or vegetable, under the influence of a particular force—the life force."

This view was rendered untenable by Wohler's discovery that urea, a typical secretion of the animal organism, can be prepared synthetically from cyanic acid and ammonia, two inorganic compounds. Many other 'organic' compounds, such as acetic acid, lactic acid, glycerin, and sugar have since been made synthetically, and as our knowledge of chemistry increased the old idea about a vital force has lost greatly in significance. We know now that the same chemical forces act both in the organic and inorganic worlds. It is well known that most of the vanilla extract now found on the market is not derived from the vanilla bean, but from coal-tar. This coal-tar furnishes a large number of other substances which are used in medicine and in the arts. Among these may be mentioned the various analgesics, aniline dyes, and perfumes. Indigo and alcohol have also been made from their inorganic constituents, and recently chemists have discovered a method of making camphor synthetically, which makes the manufacture of this substance a profitable industry. Camphor has the formula $C_{15}H_{16}O$, and is an organic compound which was formerly derived only from the camphor-tree, *Cinnamomum camphora*, by distilling the chips with water and purifying the product by sublimation. The camphor-trees have, however, been growing scarce, and as a result the price of camphor has of late been very high. Japan has a monopoly on the natural product, but this monopoly has now been broken by the manufacture in this country of artificial camphor from turpentine. Turpentine has the formula of $C_{10}H_{16}$, and can be oxidized to $C_{10}H_{16}O$ by heating it with oxalic acid. A ton of turpentine is heated at one time with a quantity of oxalic acid, and out of this mixture is distilled the purest variety of camphor. It takes fifteen hours to complete a lot, and the yield of camphor is twenty-five to thirty per cent. of the weight of turpentine. Various other valuable oils are obtained at the same time as by-products."

TUBERCULOSIS AND PREGNANCY.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in the *Berliner Klinische Wochenschrift* as follows: "Hahn concludes that tuberculosis is unfavorably affected by pregnancy, the more so the more frequent the pregnancy. The prevention of conception by tuberculous women is one of the duties of sanitarians and physicians. If pregnancy take place, however, the woman must be carefully watched, and if she become worse, the question of the induction of labor must be considered on the ground that the mother's life is more valuable than that of the unborn child. In the later months of pregnancy, however, the induction of labor may be a serious thing for the mother, and as she may give birth to a healthy child, she may be allowed to go to full term or as long as necessary to preserve the life of the child. Pregnant tuberculous women should come first in the public care of the tuberculous poor, for they are under special stress and strain."

THE BICYCLE AS A THERAPEUTIC AGENT.—The following letter appears in the *Boston Medical and Surgical Journal*:

"CLEVELAND, OHIO, January 20, 1904.

"MR. EDITOR: I was very much interested in the valuable article entitled, 'The Bicycle as a Therapeutic Agent,' contributed by Dr. L. H. Gulick, and which appeared in the *Journal* of January 14, 1904.

"While reading the article it occurred to me that it might be of interest to relate the use that I have made of the tricycle for the treatment and cure of congenital flat-foot or weakened arch in children. When this condition is early

observed I recommend the parents to secure for the child a small tricycle, allowing the child to run it about in the house and also on the sidewalk and street. The results are more certain and satisfactory if the child is kept in bare feet during the warm months. If the vehicle is furnished the child at the beginning of the summer, it is not only surprising how much time the tot will spend in the saddle, but, better yet, the season often serves to effect a complete cure before the novelty has worn away. This simple measure has been so uniformly successful in relieving the condition that I now never prescribe anything else. It serves the double purpose of taking the weight of the child off the weakened arch, but also is a very potent means of exercising and developing the muscles of the foot and thus gradually but certainly building up a natural resistance to the weakness. Very truly yours,

“CHARLES J. ALDRICH, M.D.”

ARE REST CURES NECESSARY?—The *New York and Philadelphia Medical Journal*, quoting from a German contemporary, says: “Bornstein insists that in cases of emaciation and of neurasthenia the Weir-Mitchell rest cure may be of service, as well as in cases of movable kidney, where it is desired to get all the fat necessary for the support of the displaced organ. Instead, he gives albumen in large quantities—not meat, on account of its extractives—to produce an excess of proteids, which cause the cells to overwork and thus to rid themselves of their vicious contents. Iron is given at the same time, preferably in the form of iron and quinine. He says that isolation, nurses, hydrotherapy, mechanotherapy, and electrical treatment are all unnecessary, and that without them certain and lasting results can be obtained.”

CORYZA.—Dr. Genglaire, of Coucy-le-château, writes to *Médecine moderne* to the effect that he has found of value the practice of painting the nasal fossæ with a pencil of absorbent cotton steeped in hydrogen peroxide five or six times daily. He states that a cure generally results within the twenty-four hours.

INSOMNIA.—Dr. Eliot Gorton read a paper on this subject before the Practitioners' Club of Newark, N. J. He classifies the treatment under these heads—dietetic, hygienic, and medical. He advises regulating the bowels and giving a light, nourishing diet. A warm full bath, just before going to bed, followed by a hot drink, preferably of milk, and, if necessary, a moderate hypnotic, is effective. The face should be bathed with cold water and the head above the eyes be wrapped in a cold, wet towel during the bath, which should be kept at ninety-eight degrees and last from fifteen to twenty-five minutes. The cold wet-pack and warm sitz baths may also be tried. Hot foot-baths are highly recommended, and should be continued until the feet are intensely red. He considers paraldehyde the safest hynotic, and the best form paraldehyde two parts, whiskey one part, syrup of orange one part. This disguises the pungent odor and taste. The mixture must be well shaken before giving it. Opium and its alkaloids should not be given for insomnia. Small doses stimulate and excite the nervous system, producing a condition of wakefulness in the majority of cases, while larger doses present disagreeable after-effects. The results from its use are often more difficult to deal with than the affection itself. In insomnia from excessive mental or physical fatigue he recommends a mild stimulant, as strychnia or a glass of ale or porter. Hot milk or malted milk is also of great service. He entirely excludes tea and coffee from the diet-list, and cocoa and chocolate in most cases.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

OFFICIALS of the Pennsylvania Railroad Company have authorized the construction of four hospital cars for the company's use in the event of accidents. This is another important step taken by the railroad officials in caring for passengers in the case of accident and also providing ready aid to the trainmen or other employes who may be injured while performing their duty. The Pennsylvania is the first railroad system in the country to adopt this idea.

The hospital cars will be stationed at division terminals, and in case of a wreck will be hurried to the scene and take care of the injured.

THE Memorial Hospital of Richmond (opened in July, 1903), to which was transferred the nursing corps of the Old Dominion Hospital (now closed), has been until recently under the management of Miss Agnes S. Brennan, formerly of Bellevue Hospital, New York. Miss Brennan and her assistant, Miss Prial, returned to New York March 1, since which time Miss Rosa Z. Van Vort (Old Dominion Alumnæ, Class of 1899) has been appointed superintendent of nurses, with a committee of physicians to act as superintendents of the hospital.

THE Santa Fé has decided to bar consumptives from the first-class Pullman cars on its lines. The care of consumptives has been a burden to the railroads, as the berths after having been occupied by a consumptive must remain unoccupied until the end of the run, when the car is disinfected. For the accommodation of consumptive passengers the company proposes to run at intervals on through trains hospital cars. These cars will be specially equipped, and none but consumptives will be permitted to ride on them.

A MOVEMENT is on foot among the various Buffalo (N. Y.) churches to give assistance to the Rev. H. T. Weiss in carrying on his work among the lepers at Surinam, South America, by sending a portable hospital at a cost of about five hundred and fifty dollars.

THE Misses Bertha Christie and Mary Ferguson, graduates of the Massachusetts General Hospital, have opened a private hospital in London, Ont., for the reception of non-contagious cases, to be known as Christie Hall.

THE New York Association for Improving the Condition of the Poor has appropriated fifteen thousand dollars for a hospital at the seaside for children, under fifteen suffering from non-pulmonary forms of tuberculosis.

THE First Presbyterian Hospital at San Juan has been opened with appropriate ceremonies. The hospital cost twenty thousand dollars, which was raised in New York.

HUNTSVILLE, Ala., is now sure of a City and County Hospital.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

THE Litchfield, Conn., County Hospital has received a gift of five thousand dollars to endow another free bed, to be known as free bed No. 2. The name of the donor is withheld for the present.

BY the will of the late Owen Jones, of London, England, the Chipman Memorial Hospital of St. Andrew's and the Public Hospital of St. John, N. B., get each ten thousand dollars.

BY the will of Mrs. Elizabeth Solliday the Presbyterian Hospital and Dispensary of Philadelphia, Pa., receive one thousand dollars.

MR. HENRY PHIPPS has given twenty thousand dollars to the Johns Hopkins Hospital to establish a clinic for consumptives.

THE Protestant Hospital of Ottawa, Canada, receives five hundred dollars by the will of the late Mrs. Maria Griffin.

TRAINING-SCHOOL NOTES

FRIDAY evening, February 26, the operating amphitheatre of the New York Hospital was filled with visitors to witness a "Demonstration by the Graduating Class, 1904, of Hospital Methods Adapted to Private Work." A supposedly very ill patient was put to bed, given a hot-air bath, mustard foot-bath, and typhoid bed-bath. He was also cupped on the chest and had an improvised ice-coil applied to the abdomen. A mustard paste and a flaxseed poultice were made in a twinkling, but not applied. Very interesting was the preparation for an emergency operation, tent for steam inhalation, emergency cases requiring Buck's extension, modified Velpeau and capeline bandages. While two nurses put up the Buck's extension, a third prepared a most tempting supper of fancy roast oysters, trussed squab, grape-fruit salad, ice-cream, and tea, which was beautifully arranged on a tray and served to the hungry patient as soon as he was ready for it. Before partaking of it, however, the startling discovery of the house a-fire was made, so the Buck's extension was quickly removed, the patient tied to a broom-stick, wrapped in blankets, and borne to a place of safety by the nurses. The celerity and efficiency of the work was a high compliment to the management of Miss Anne W. Goodrich, superintendent of the Training-School. The house staff expressed to Miss Goodrich their appreciation and thanks. The class of twenty-six nurses were graduated on Tuesday evening, March 1. In the governors' board-room at the hospital Mr. Hermann H. Cammann presented to each graduate a diploma and a gold medal, with some words of good advice, after which there was music and dancing in the spacious parlors of the Nurses' Home. Among the two hundred guests present were a large representation of the governors of the hospital and the leading physicians of the city.

THE Executive Committee of the Virginia State association has under consideration a plan for the establishment of a course in domestic science in some woman's college of the State, normal or high school, and requires all applicants to training-schools for nurses to present a certificate of graduation from such school or department. Up to this time no hospital in the State can provide suitable equipment for such a course. Such instruction is far too essential in the life and home of every woman to be relegated solely to the nursing or pro-

fessional class. A report of the work accomplished by the Virginia State association during the past year will be presented at the convention of the Associated Alumnae in May, 1904, by the recording secretary, Miss E. H. Webb, or her alternate.

A COURSE of lectures has been arranged for the nurses and their friends at the Boston Medical Library. Dr. Paul Thorndike gave an interesting talk on February 23, subject, "The Private Nurse, from an Educational Standpoint." Dr. J. L. Morse will lecture on March 2 at eight P.M.; subject, "Infant Nursing, and the Field for It." Dr. E. C. Stowell will lecture on March 8 at four-thirty P.M.; subject, "Children." Dr. A. K. Stone will lecture on March 22 at eight P.M.; subject, "Tuberculosis," with lantern slides. Drs. Joslin, Lund, Blodgett, Chute, and Sears will give lectures later, dates to be arranged. All nurses and friends are cordially invited.

THE graduating exercises of St. Luke's Hospital Training-School, St. Paul, Minn., were held on the evening of January 14, 1904, in Christ Church Guild-Hall. An address was delivered by Dr. Arthur Dunning on behalf of the Medical Board, and the diplomas and school-pins were presented by Rev. Dr. Andrews to the fourteen nurses of the class. After the formal exercises of the evening refreshments were served by the ladies of St. Luke's Guild of Christ Church.

A SERIES of ten lectures by prominent speakers and educators is being given this winter at the Buffalo General Hospital and is called a "General Educational Course." Miss Gross, the superintendent of nurses at the General, has kindly extended an invitation to all graduates of the school to attend these lectures, and has also invited the nurses in training of three other schools to take advantage of this excellent course of lectures.

ON February 19 Miss Snively was "At Home" to her school from four to six o'clock P.M. Nurses on duty came down in uniform, met some pleasant ladies, and spent a half hour most delightfully, then returned to duty in order that others might enjoy the same pleasant relaxation.

MISS LETITIA BRADLEY, of New York, Johns Hopkins, Class of 1900, has been appointed superintendent of nurses at the new Frankford Hospital, Philadelphia, Pa. Miss Bradley since her graduation has done private nursing in Baltimore and vicinity.

THE Retreat for the Sick, one of the oldest hospitals in Virginia, organized its Alumnae in March, 1904. The school has been for the past year under the efficient management of Miss Blake, a member of the Maryland University Hospital Alumnae.

AT a meeting of the trustees of the Protestant Hospital, Columbus, O., held recently, the principal business was the election of Miss Mary A. Grener as acting chief nurse, vice Miss Anna M. Jones, resigned.

THE Natchez Charity Hospital, Natchez, Miss., has secured an appropriation by the House of Representatives for the building of a home for the Training-School for Nurses.

MISS BERTHA CARVEL, of the Burrridge Hospital, Boston, goes to the Essex County Homœopathic Hospital, Salem, Mass., as matron.

THE Pottsville, Pa., Hospital Training-School for Nurses has increased its term from two years to three.

THE New England Baptist Hospital is to have a Nurses' Home.

PERSONAL

"WHATSOEVER YE WOULD THAT MEN SHOULD DO TO YOU, DO YE EVEN SO TO THEM" *

NOT in the history of the Illinois Training-School has so great a calamity fallen to any one of our number as that which has overtaken Miss Ellen V. Robinson, Class of 1902. Bright, young, and active, just entering upon the work for which she has prepared herself, she now finds that preparation of no avail so far as practically applying it is concerned, and with no relative except an aunt well along in years, who supports herself by nursing—the picture is one needing no embellishment or exaggeration to make it appeal most keenly to human sympathies, even of those who may be strangers to her.

Called to care for a patient in Monticello, a small town not far from Chicago, during that severe cold weather late in January, her stay was very short, and she is now an occupant of our endowed room in the Presbyterian Hospital. Late in the afternoon of Monday, January 25, Miss Robinson had occasion to go to the doctor's office, where from a misstep she fell down the stairs. She had her bruises attended to, and when the physician thought her sufficiently recovered from the dazed condition produced by the fall she started back to her patient.

A deep snow covered the ground, and still it was snowing, and added to this a brisk wind made a wild day of it. This, together with the fact that Miss Robinson is very near-sighted, and had broken her glasses in the fall down the stairs, being in a strange place, caused her to lose her way, and she walked for hours trying to get back to the hotel where her patient was. Anxiety on account of her absence led to a searching party of one hundred citizens starting on a hunt for her, knowing full well that no one could remain out over night without freezing. The search was kept up till seven A.M. next morning, when she was found lying in the road several miles from where she aimed to be, and, of course, almost perished. After a week she was brought to the hospital, where it was found necessary to amputate both hands and feet,—not entirely, but leaving very little of those members,—which, of course, makes it a problem as to what she is going to do for a livelihood.

If we for an instant take home the old saying, "Put yourself in her place," I am assured that there is only need of making known the fact that it is desired to raise a fund sufficient to provide a small annuity whereby she may receive a specified sum at stated times, and not have to face uncertainty all the time. Let every nurse, whether a member of the *alumnæ* or not, try to help out in this—many of your acquaintances will be glad to give if they only know about it. Send to the Training-School for copies of the report to save writing such long letters.

Those of us who have life and limbs might feel it a privilege to contribute one week's wages. A committee, consisting of Miss McIsaac, Miss Breeze, Miss DeWitt, Mrs. Higbee, and myself, will be glad to coöperate with any and all in this matter. Money or checks to be sent to the "Ellen Robinson Fund," Mrs. Higbee, treasurer.

Please be sure and send checks in this way so as to save trouble in cashing them.

IDORA ROSE.

* From the *Illinois Alumnæ Report*.

THE following resolutions have been adopted by the Alumnae Association of the Faxon Hospital Training-School for Nurses:

"WHEREAS, Our beloved friend, Miss Cadmus, has resigned from her position as superintendent of the Faxon Hospital; be it therefore

"*Resolved*, That we, the graduate nurses of the Faxon Hospital Training-School, do most sincerely regret her departure, and that we truly wish her success and happiness in her new duties; and be it also

"*Resolved*, That a copy of these resolutions be sent to her, a copy recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

"FLORA M. SYMONDS,

"JANE GEORGE ROBERTS,

"Committee."

THE nurses of the Buffalo General (Erie County) Homœopathic and Women's Hospital, Buffalo, N. Y., had the pleasure on Friday evening, February 27, of listening to an informal talk by Mrs. Hunter Robb, of Cleveland, O. Mrs. Robb gave the nurses a *resumé* of the progress and development of the nursing profession in the last thirty years, and especially since 1893, the year that the superintendents first met in Chicago and organized the American Society of Superintendents of Training-Schools for Nurses. She ended her talk with a plea to the oncoming nurses to combine their professional life with humanity always, or the trained nurse would not be the success she ought to be.

MISS REBECCA CLELAND, formerly assistant superintendent of nurses at McLean Hospital, Waverly, Mass., resigned her position to take charge of the Training-School connected with the State Hospital for the Insane at Kalamazoo, Mich. Miss Cleland is a graduate of the McLean and Massachusetts General Hospital Training-Schools, Boston.

MISS LOUISE BRENT, superintendent of the Children's Hospital, Toronto, expects to visit New York, Boston, etc., with a view to inspecting nurses' residences in these places. The board of the Children's Hospital is about to erect a new residence for nurses in training in the Children's Hospital.

MISS MARY JULIA MOORE (Old Dominion Alumnae, Class of 1899) has been appointed superintendent of the Sheltering Arms Charity Hospital of Richmond, and will shortly enter upon her duties. The nursing corps is composed of pupils, in relays, from St. Luke's, Dr. Stuart McGuire's private hospital.

MISS CATHERINE MURPHY, graduate of St. Mary's Hospital Training-School, Detroit, Mich., Class of 1903, became a member of St. Vincent's order Sisters of Charity at Emmitsburg, Md. Miss Murphy was missioned to Mobile, Ala., and will be known in religion as Sister Catherine.

MISS ANNIE DAMER, who for so many years has been the investigating agent for the Charitable Association of Buffalo, has resigned, and will take charge of the out-door department of tuberculosis work in connection with Bellevue Hospital, New York City.

MISS NELLIE MOORE, graduate of St. Mary's Hospital Training-School, June, 1903, left immediately for duty at the General Hospital, Presidio, San Francisco, Cal. Miss Moore sailed for the Philippines on the transport Thomas January 1, 1904.

MISS ALICE J. SCOTT spent a few days in Toronto during February. She reports the Ross Memorial Hospital, Lindsay, of which she is superintendent, as having cleared expenses during the past year, the first year of its existence.

MISS FOWLISS, who has been superintendent of the Children's Hospital, Buffalo, N. Y., has resigned, and Miss De Cue, formerly head nurse in the operating-room of the Buffalo General Hospital, has been appointed to succeed her.

MISS SUSAN C. CARROLL, an early graduate of the Johns Hopkins Training-School, who for some years past has devoted herself entirely to massage, has moved from Baltimore to New York City to carry on her work.

MISS ROBINA STEWART, Johns Hopkins, Class of 1901, after a year's rest at her home in Canada, has returned to Baltimore to resume charge of one of the private wards of the Johns Hopkins Hospital.

MISS BERTHA ERDMANN, late superintendent of nurses, City Hospital Training-School, Minneapolis, Minn., has been appointed superintendent of Luther Hospital, St. Paul.

MISS H. ALICE SCRIBNER will succeed Miss Mary E. Gladwin as matron at the Beverly Hospital, Beverly, Mass. Miss Scribner is a graduate of the Boston City Hospital.

MISS ANNIE BRADLEY, a graduate of the Johns Hopkins Training-School, will succeed Miss Theresa L. Miller, head nurse at the Frankford Hospital, Philadelphia, Pa.

MISS SNIVELY gave an address on "Hospital Equipment" in St. Andrew's Church, Toronto, before the ladies interested in home missions on February 11.

MISS DOROTHY GRACY, graduate of the Toronto General Hospital, Class of 1903, has gone to Nelson, B. C., to take a position in the hospital.

MRS. E. WETTER, Illinois Training-School, Class of 1892, has resigned her position as superintendent of the Polyclinic Hospital, Chicago.

MISS L. LOUISE WARREN, graduate of St. Luke's Hospital, Chicago, has been appointed superintendent of the Union Hospital, Terre Haute, Ind.

MISS MARY BREED ROBINSON has resigned as matron and superintendent of the Essex County Homœopathic Hospital, Salem, Mass.

MISS GRACE LIPPINCOTT, assistant chief nurse at the Philadelphia Hospital, has reconsidered her resignation, and will remain.

MISS LILLA SHEPPARD, superintendent of the General Hospital, Guelph, Ont., is taking a four-months' rest in California.

MISS ROSE MALONEY has accepted the position of superintendent of the new sanitarium in Jackson, Mich.

MRS. AUBIN (*née* Hillary) is spending the winter in Nassau with a patient.



THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



AN APPEAL FOR THE UNITED BENEVOLENT WORK OF THE GUILD OF ST. BARNABAS FOR NURSES

THE committee having this subject in charge recommended at the council at Hartford last November that we support in whole or in part a nurse or nurses in some missionary field or fields. The subject was thoroughly discussed in all its aspects, and the recommendation of the committee was unanimously carried.

Now in this united work of our guild, of course, each branch will consider it a privilege to join. Some of the branches have already pledged a certain amount; may we not receive more pledges, or, better yet, a pledge from each branch of a sum that shall at least be its proportion of the total amount necessary?

One of our nurses, a member of the Boston Branch, is working under Bishop Brent in the Philippines. For her support there is needed six hundred dollars. We have over *two thousand* members and associates, and that means an average of thirty cents from each one for the support of this nurse for a whole year. That does not seem an impossible contribution.

The offerings at the several services at Hartford have been set aside for this object, and amount to about sixty dollars; and it has been suggested that the offerings at the Annual Festival, June 11, be devoted to the same object. Is it too much to ask that each branch make an effort before St. Barnabas's Day shall arrive to contribute an amount equivalent to at least thirty cents for each member for this very interesting purpose?

We make a personal appeal to members and associates to assist as best they may in loyalty to the action of the council, that we may all have the peculiar satisfaction that comes from truly United Benevolent Work.

Will not each branch promptly notify the general secretary of favorable and generous action? Faithfully yours,

CORTLANDT WHITEHEAD, Chaplain-General.

FRANCES A. JACK, General Treasurer.

ANNIE H. B. HOWE, General Secretary.

ORANGE, March 1, 1904.

BOSTON, MASS.—The Boston Branch of the Guild of St. Barnabas held its February meeting at St. Stephen's on the twenty-third instead of the twenty-first of the month. The meeting was fairly well attended, and we were glad to welcome back our chaplain, the Rev. Ellis Bishop, from his trip to Jamaica, where we hope he was much benefited. We all felt most deeply the loss of our dear and faithful associate, Mrs. E. L. Sprague, and realized that our sorrow, though great, could not compare with that of her own family, to which she has been so devoted and so loving. Mr. Bishop, in speaking of her, said that her loss was irreparable, both to the guild and to every organization in which she had a part. Such devotion as hers is rarely to be met with, and we who from our entrance to the guild have felt her kindness will find her place a void which cannot be filled.

She was the chairman of the committee for visiting sick nurses, and postal cards had been sent out bearing her name, which only arrived after her death. Miss Fenno was asked to become chairman, that this important work might go on. It is to be hoped that nurses will, if possible, fill out these cards should opportunity arise. It is not uncommon to hear nurses complain of not being visited during illness, without considering that it was not easy to find them. On the other hand, the gracious remark has been made that they didn't want strange women coming to see them who never would think of coming if they were well! Truly it is hard to suit some of our dear sisters in the nursing profession! Apropos of visiting, we have a committee for visiting new members which will fill any gaps left by the other committee, always remembering that nurses are birds of passage and must make calls only when off duty. During our church service five members were received, the Misses Ricker, Nelson, Hewin, Beatty, Ahn, and two priests-associate, the Rev. Mr. Hutchinson, of the Church of the Ascension, and the Rev. G. T. Morse, of St. Stephen's. The Rev. Wynne Jones, priest-associate, assisted in the service and preached us a very helpful sermon from the gospel narrative of the woman who anointed our Lord with the costly ointment. The preacher dwelt on the fact that Mary had brought her costliest offering to spend upon our Lord's body and to give it in the humblest service. Though the Pharisees around murmured, Christ Himself understood the humility of her loving service and bestowed upon her the highest praise in saying, "Verily I say unto you, wheresoever this gospel shall be preached in the whole world, there shall also this, that this woman hath done, be told for a memorial of her." A very striking parallel was then drawn between her work and that of the nurse. We must minister also to the body, and can only do it satisfactorily in remembering that in each poor, tortured body we see that of our Master, who offered His body to the Father for us. We all know how material a nurse's work is and how material her views of her profession often become, and this thought struck us as singularly appropriate at such a time. We were glad to welcome at the social hour our new members and our new priests-associate. As we had anticipated our meeting that we might not conflict with the public graduation exercises of the Massachusetts General Hospital Training-School, which took place the next evening, it may not be amiss to say a few words about that occasion, which was a most agreeable one, and attended by a large number of people. The address was by President Eliot, of Harvard University, who spoke in his usual felicitous and thoughtful way to the graduates of the beauty and greatness of the work, saying very truly that if they did not enjoy their work the burden of it would be too heavy for them to bear. After a paper by Miss Dolliver, the diplomas were presented and a pleasant reception followed in which many old friends exchanged greetings and compared notes on all that had happened since their graduation. These occasions are most delightful and are appreciated by all who attend them.

HARTFORD, CONN.—The Hartford Branch of the Guild of St. Barnabas held its December meeting in Christ Church Parish-House on the evening of Wednesday, February 16. The service in the Chapel was conducted by Dr. Hart, chaplain of the guild, and the Rev. James Goodwin, rector of Christ Church, who was admitted a priest-associate. An interesting business meeting and a delightful social hour in the parish rooms followed the service. Six new associates were named and elected at the business meeting. A beautiful mite-box of burnt wood, decorated with the motto, cross, and name of the guild, has been provided by the

secretary to be brought to all the meetings, as some have expressed a desire for such an opportunity to give a mite from time to time for the benefit of the United Benevolent Work. At the service on St. Barnabas Day the box will be placed on the alms plate with the other offerings. It was suggested and voted to have a five-minutes' reading at each meeting of the guild on some work being done by nurses in the mission field. The principal topic of conversation during the social hour was the late council. The Hartford members of the guild feel that they derived much benefit and pleasure from it, and they sincerely hope that their guests enjoyed it as heartily as they did themselves.

The February meeting of the Hartford Branch of the Guild of St. Barnabas was held at the beautiful Church Home on Retreat Avenue on the kind invitation of Mrs. Palmer, the matron, an associate member of the guild. A goodly number of nurses and associates responded to the roll-call, but it was deeply regretted that a larger number could not have been present, for all who were fortunate enough to be there voted the afternoon a most delightful one. Our secretary read some very interesting letters she had received from members of the Hartford Branch who are on duty far away from home. As Miss Courtwright, who was to have given us a five-minute talk on nurses' work, was unable to be present, Miss Beach read brief extracts from letters published in the *Spirit of Missions*, written by Dr. Mary Glenton, who is stationed at Wuchang, China. The discussions during the business meeting of the letters, readings, State registration of nurses, and other subjects of interest were so general and informal it was hard to tell where the business meeting left off and the social hour began. While refreshments were being passed a large graphophone was placed in the hallway of the home, and we drank our coffee and clasped hands to the accompaniment of martial music, delightful operatic airs, and charming vocal selections. It was as hard to close the social hour as to adjourn the business meeting, and all said "Good-night" with regret.

SAN FRANCISCO, CAL.—If our location were anything short of the "jumping-off place" into the Pacific Ocean, we might, now and then, have more to report. As it is, our members go to Hawaii, to Alaska, to the Eastern States, and to the Philippines—but this is not into the Pacific, if we are upon the shore line, but into broad and sacred fields of labor. We hear of our nurses on the fighting line and are proud that their faces once gladdened our meetings. The second Monday of each month, at half-past three P.M., finds us—or, at least, a representation of us—at St. Luke's Church, where we are always welcome. A central permanent place of meeting is certainly an advantage, and new members can always be received in a church. After the service, the vestry-room is at our disposal for business. The possibilities—the aims—of this branch are largely in the future, but they are no less sure. Some day we hope to have a Guild House, and already have a nest-egg in the bank towards it, but while our excellent nurses are always on duty, because they are excellent, while we must frequently say "farewell" with "God speed" to those who go down to the sea in ships, or part with loving congratulations to those who wed, our visible efforts must be small. A member from Australia, formerly of England, has married and settled in one of our thriving inland towns. She has made herself known to our first chaplain, Rev. F. J. Maynard, now located in the same place. Mrs. Maynard was our first secretary, and the three earnest souls mean to keep alive the spirit of this guild, receiving nurses, and may yet start another branch.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE INTERNATIONAL CONGRESS IN BERLIN

It may not be amiss to explain to our readers in general that the coming congress will not be an occasion for discussion of all branches of nursing, as was the case at Buffalo, where we had the whole week to ourselves.

The meeting of the International Council of Nurses, which will be held in the congress week, will occupy only one day, and on this day reports from the different countries will be received relating to organization, legislation, and educational requirements. This, with routine business, will take the whole time at our disposal.

In the Congress of Women nursing is to be treated under the section "Women's Professions and Industries" on Thursday, June 16. Mrs. Bedford Fenwick, the president of the International Council of Nurses, will give the leading paper, and there will be ten-minute reports from different countries. While, therefore, district nursing and many other interesting topics cannot be taken up fully, yet the position of nursing in general in the world at large will be set forth, and nurses will have the opportunity of learning the present position of women in every line of occupation in every country. What I especially hope is that our presence at this congress may cheer and help the organized nurses of Germany, who are just now making a strenuous—almost desperate—effort to improve their conditions of work and to obtain a reasonable amount of consideration from the public.

L. L. DICK, Secretary I. C. N.

THE ASSOCIATED ALUMNÆ

THE seventh annual convention of the Associated Alumnæ will be held in the lecture-room of the Drexel Institute, Thirty-second and Chestnut Streets, West Philadelphia, one square from the new Pennsylvania Station at Thirty-second and Market Streets, West Philadelphia, and six squares from the Baltimore and Ohio Station at Twenty-fourth and Chestnut Streets, Philadelphia. The trustees of the institute have kindly granted the use of the auditorium, lecture-room, and other facilities for the purposes of the association, and the library, museum, and picture-gallery will be open to the delegates.

The members of the Arrangements Committee feel that they can assure all an enjoyable time, as they have had so many kind offers of entertainment.

The hotels recommended are:

The Colonnade, Fifteenth and Chestnut Streets, two squares from the Pennsylvania Station at Broad and Market Streets; rates one dollar to one dollar and fifty cents per day, European plan. Chester Avenue car on Walnut Street affords direct transportation to the Drexel Institute.

The Normandie, Thirty-sixth and Chestnut Streets, West Philadelphia, four squares from Drexel Institute; rates one dollar and upward, European plan; American plan, two dollars and fifty cents and upward.

Miss Schaeffer's house, 3224 Chestnut Street, West Philadelphia; rates one dollar and fifty cents per day or fifty cents per night.

Further particulars, if needed, may be obtained by writing Miss M. Margaret Whitaker, 1902 Green Street, Philadelphia, chairman Committee on Arrangements.

The meetings will be opened at one o'clock on Thursday, May 12 [*corrigenda*: March JOURNAL, page 465, lines 16 and 17, for Wednesday, Thursday, and Friday read Thursday, Friday, and Saturday, May 12, 13, and 14], when the presentation of credentials, the registration of delegates, and the payment of annual dues will be in order.

The reports of the Committee on Revision of the Constitution and of the Committee on Periodicals and the discussions will form the principal business of the convention, although there are one or two items of new business that the Executive Committee wishes to place before the delegates.

The presiding officer of each *alumnæ* having a membership in the National Association is in possession of a copy of the revised constitution and by-laws as proposed in 1902 and approved in part in 1903, a request for the names of delegates, directions for obtaining reduced transportation, a notice of the Berlin Congress and a request for names of possible delegates to that body, and a request for full list of *alumnæ* members.

These items, together with a statement of the business, papers, and discussions, the Executive Committee is desirous of having placed before the various *alumnæ* on the dates of the April meetings.

MARY E. THORNTON, Secretary.

REPORT ON HOSPITAL ECONOMICS COURSE

To Miss Banfield, Chairman.

The Class in Hospital Economics, Teachers College, respectfully submit the following report for February, 1904:

Among the many privileges extended to the class and enjoyed by them during the month have been those of meeting several of the successful superintendents in the nursing profession. Early in the month the class had the pleasure of attending an "At Home" given by Miss Goodrich, of the New York Hospital, where they enjoyed meeting a number of the New York graduates.

On the 18th Miss Palmer, Editress of THE AMERICAN JOURNAL OF NURSING, gave an interesting talk on the mode of construction of a magazine of this character, and also related to us the story of its early development.

Later in the month the class had the pleasure of meeting Miss McIsaac, of the Illinois Training-School, Chicago, while on a brief visit to New York and incidentally to Teachers College. The graduates from her school were particularly pleased to have this opportunity of seeing her.

Miss Riddle, superintendent of nurses, South Department, Boston City Hospital, gave us a series of lectures on "Training-School Administration," which presented many facts in a new and interesting light.

Miss Goodrich also finished her series of lectures on "Hospital Construction."

Invitations were received to demonstrations given by members of the graduating classes of the Roosevelt and New York Hospitals. These demonstrations were all of a practical nature, showing the kind of work done in their respective institutions. Not only new methods, but many valuable suggestions, were noted by the class which we hope to be able to apply later.

Our weekly excursions have been postponed on account of the lectures, with the exception of one, to the Babies' Hospital.

In consequence of the necessary absence of Dr. Wood, lectures on "Embryology" have been given by Professor Bigelow.

Our line of work in the various subjects continues with interest.

March 8, 1904.

[The Regents of the University of the State of New York have approved the recommendations of the nurse Board of Examiners for the standard of education to be required for the registration of training-schools, and these requirements are embodied in the instructions to schools applying for registration as given below. We also include the application blank, which, with the instructions, makes a four-page folder, all of which is of special interest as marking an era in nursing education.—ED.]

[AN EXACT COPY]

University of the State of New York

Departments: Administrative College High School Home Education State Library State Museum
WILLIAM CROSWELL DOANE Chancellor WHITELAW REID Vice Chancellor
JAMES RUSSELL PARSONS JR Secretary

College and High School Departments

James Russell Parsons jr *Director*
Henry L. Taylor *Director's Assistant*

APPLICATION FOR REGISTRATION OR ACCREDITING OF TRAINING SCHOOL FOR NURSES¹

This certifies that [*legal title*]

is }
is not } ¹ a department of [City]
which was legally incorporated [*date*] [State]
a hospital }
a sanatorium } ¹ giving a course of at least two years in service under instruction
in said institution as shown by the accompanying program or schedule of course,
in effect 190 to 190 and is connected with

Application for registration with the Regents of the University of the State of New York as meeting the graduation standard fixed by statute for New York schools is hereby formally made and candidates for graduation from this school must (1) be at least 21 years of age; (2) be of good moral character; (3) have studied nursing at least two full years.

¹ Cancel any statements that do not apply to your school.

The latest announcement of requirements accompanies this application and additional information is given on the second page.

In witness whereof, I hereunto set my hand and the seal
of this
day of

[Seal]

[Signature of executive officer and title]

Additional information

- 1 There are [number] students now in attendance, viz
first year, second year, third year.
- 2 There are beds in the hospital in which the nurses receive their training.
- 3 The Length of this period of training is years.
- 4 Nurses receive practical or theoretical training or both in

Branches	Practical	Theoretical
a Medical		
b Surgical (with operating)		
c Gynecological		
d Obstetrical. How many cases?		
e Children's diseases		
f Contagious		
g Cooking		
h Materia medica		
- 5 Nurses are trained exclusively in the hospital ?
- 6 Nurses are sent out to private duty, in $\left\{ \begin{array}{c} 1 \\ 2 \\ 3 \end{array} \right\}$ years of their training, for weeks.

[Signature of the superintendent of the training school]

Requirements for registration in force Jan. 1, 1904-6

Incorporation. The training school for nurses or the institution of which it is a department must be incorporated.

Preliminary education. All training schools registered by the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, preference being given to applicants who have had one year or more in a high school and to those who have taken a full course in domestic science in a recognized technical school.

Subjects of state examination. Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing including materia medica, (2) surgical nursing, with operative technic including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school, or with a competent diet teacher, (b) food values, and feeding in special cases, to be taught in classes not by lectures, (6) a

thorough course of theoretical instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynecological and obstetrical nursing.

Professional education. The period of instruction in the training school shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital. Training schools giving a three year course and wishing to continue the practice of utilizing their pupils to earn money for the hospital may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their course. But training schools with a two year course wishing to continue the practice must extend their course to meet the above requirement.

Provisional requirements. The branches of nursing in which both practical and theoretical instruction must be given by training schools applying for registration will remain in force till Jan. 1, 1906.

Suggested lines of development

Preliminary education. After Jan. 1, 1906, all registered training schools for nurses must require the completion of one year of a high school course subsequent to an eight year grammar school course, or the equivalent.

Professional education. The elaboration of the curriculum to be developed by January 1906 and the lines on which this development may be expected, are:

Preliminary training. Training schools should teach their probationers before placing them at the bedside of patients:

- a* The various methods of making and changing the bed, with and without the patient;
- b* The temperature of baths, and the simple methods of administering them;
- c* The use and dangers of the hot water bag;
- d* The principles of sweeping and dusting;
- e* The setting of trays, etc.

This instruction can be given easily in the nurses' home by the superintendent of nurses or by a delegated nurse. Instruction in these simple principles can not be given uniformly in the rush and pressure of busy wards. It demands no additional service or expense on the part of the hospital and tends toward the preliminary training that is rapidly gaining favor in the schools of higher grade. It is not intended as a substitute for the bedside instruction, but as a preparation for it. The patient should not be required to wait for an ordered poultice till the head nurse can show the probationer how to make one. Many similar facts can be taught separately the final and all important part coming at the bedside when these bits of deftness are applied to the relief and not to the embarrassment of the patient. Preliminary training in the leading schools covers a period from one to six months, but the simple practical instruction here suggested is given in many schools that do not profess to have a regular preliminary course.

Small classes. In place of the elaborate system of lectures given gratuitously by members of the medical staff, training schools should adopt more advanced methods, affording instruction in the same subjects to smaller classes by competent teachers and clinical demonstrations by members of the medical staff. Many schools publish an elaborate lecture course, but being dependent on busy

medical men such instruction is frequently and unavoidably not given, to the great injustice to the pupil in training. Instruction in small classes in many schools unable to provide paid teachers is given by the younger medical men affiliated with the hospital, who teach such subjects as bacteriology, anatomy, physiology, materia medica and chemistry while the more important subjects of the care and management of acute cases are reserved for members of the regular staff.

The State Board of Nurse Examiners as organized for 1903-4 with the year when the appointment expires and the address of each examiner is given for convenience of reference.

1907 *Miss Sophia F. Palmer, President, Rochester*

1908 *Miss Jane E. Hitchcock, Secretary, 265 Henry st. New York*

1904 *L. Bissell Sanford, 217 E. 27th st. New York*

1905 *Miss Annie Damer, 76 Huron st. Buffalo*

1906 *Miss Dorothy N. MacDonald, 90 Hewes st. Brooklyn*

This application should be forwarded to the Director of the College and High School Department, University of the State of New York, Albany N. Y. If returned with red ink memoranda the information called for is essential to registration.

Blanks for use in applying for the certificate of registered nurse (R. N.) and the nurse registration law with notes will be forwarded on application.

[Comment on the above requirements is held for want of space until the next issue of the JOURNAL.—ED.]

STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses' Association of the State of Pennsylvania will hold its third quarterly meeting April 20 and 21 at Wilkes-Barre, Pa. The convention will be held in the auditorium of the Hotel Sterling, corner of River and West Market Streets, Wilkes-Barre, the opening session taking place on Wednesday morning at ten o'clock. An opening prayer will be offered by the Rev. Dr. Jones, and G. W. Guthrie, M.D., will deliver an address of welcome to the visiting nurses.

A very interesting paper on "What Registration will Mean to the Public" will be written and read by Miss Constance V. Curtis, of Phoenixville Hospital, Pa.

Two others, the first on "Preliminary Education for Nurses" and the second on the "Power of the Press in Securing Legislation," will also be presented, but as yet writers have not been secured.

MRS. GEORGE O. LOEFFLER, Chairman Publication and Press Committee.

NEW YORK.—The annual meeting of the New York State Nurses' Association will be held in the Council Chamber of the State Capitol, Albany, N. Y., on April 19, 1904, at ten A.M. and two P.M.

JESSIE MCCALLUM, Secretary,

303 East Twentieth Street, New York.

VIRGINIA.—The Graduate Nurses' Association of Virginia will hold its fourth annual convention in Norfolk, Va., on May 24, 25, and 26. The State Examining Board will meet and conduct examinations for registration on May 27 and 28. Applicants must file their forms of application with the secretary of the board, Miss de Lancey, 131 York Street, Norfolk, Va., not later than May 14, 1904.

REGULAR MEETINGS

VIRGINIA.—The Graduate Nurses' Association of Norfolk and the St. Vincent's Alumnae have united for the purpose of entertaining the Virginia Association, which meets in Norfolk in May. Both Sister Helen, of St. Vincent's, and Miss Smith, of the Protestant Hospital, have kindly offered their hospitals for the meeting. As St. Vincent's has a more central location it was decided to accept Sister Helen's offer. Arrangements have been made for a luncheon to be given at the Hampton Roads Yacht Club. The club is situated on Hampton Roads, and commands a beautiful view of Old Point, Fortress Monroe, and the surrounding sea-shore. It is hoped that all present members of the association and many others who are to become members will be present, as this promises to be one of the most interesting of its sessions. Norfolk will endeavor to make this meeting socially most enjoyable, and she realizes that she will need to put forth every effort after the delightful two days spent with the Charlottesville nurses last May. The Nurses' Examining Board of Virginia is progressing slowly. One hundred and twenty-five application blanks have been received by the secretary, which is about one-third of the estimated number of nurses in the State. To this number of applicants one hundred and five certificates have been issued, some doubtful ones being kept until the meeting of the board in May. Miss McKinley, a graduate of St. Vincent's Hospital Training-School and the present superintendent of St. Christopher's Hospital of Norfolk, received the first certificate issued, her application being the first one presented to the board. During the session of the House we have been threatened with amendments. Political friends of nurses who care nothing for the good of all, not feeling sure of their standing in the profession, consider such schemes more effective than right-doing. But by the tact and diplomacy of the president, Miss Cabaniss, the association has so far steered clear of its political friends and the law stands intact.

NORTH ADAMS, MASS.—There was a pleasant affair at the Wellington Hotel, where the North Adams Hospital Alumnae Association tendered a banquet to the graduating class of 1904, Miss Stanley, the superintendent, the seniors, and the physicians of the medical and surgical staff of the hospital. There were fifty people in the company, and they went to the table in the main dining-room at nine o'clock. Briggs' orchestra played while the dinner was in progress. Miss A. E. Donica, president of the association, introduced Dr. F. D. Stafford as toastmaster, and the dinner was followed by some speaking in keeping with an event of the kind. Among those who responded to calls for remarks were Drs. J. R. Hobbie, G. A. Fagan, H. J. Millard, M. M. Brown, G. F. Simpson, T. J. Putnam, C. W. Wright, and G. L. Rice, all of whom had pleasant and appropriate things to say. The speakers complimented the members of the association on the work they are doing and commended them for the faithfulness and self-sacrifice they carry into their work. All were heard with attention and interest, and some of the remarks brought out hearty rounds of applause. Dr. W. F. McGrath contributed a song to the programme, which lent variety and was heard with pleasure. It was after twelve o'clock when the company left the table, and afterwards there was a little dancing in the parlors, music being furnished by Dr. G. A. Fagan at the piano. It was the first banquet given by the association, but it may be made an annual affair. It was a well-managed social event and was

thoroughly enjoyed by the members and their guests. The Committee of Arrangements was composed of Mrs. Amy D. Plouffe, Miss Gertrude Snyder, and Miss Inez Decker. The following senior members of each class constituted the Reception Committee: Mrs. Adele E. Donica, Miss J. A. Gerry, Mrs. Florence McDougall, Miss Elizabeth Bowen, Miss Margaret Cogan, Miss Margaret Buckley, Miss Frazer, and Miss Robertson.

BALTIMORE.—The quarterly meeting of the Nurses' Alumnae of the University of Maryland was held in the nurses' lecture-room at the hospital on March 7. In spite of bad weather the attendance was good. From the four names submitted by the Executive Committee Miss Grace L. Dunderdale was elected to represent the alumnae as delegate to the Associated Alumnae meeting in Philadelphia. Discussion as to the feasibility of getting up a course of lectures under the auspices of the alumnae, the members to invite their friends among the nurses of other schools, the hospital staff, and the pupil nurses, was put to motion and unanimously carried. It was decided to have the lectures in the nurses' lecture-room at the hospital, the superintendent of nurses, Mrs. Katherine Taylor, having kindly offered the room for that purpose. The matter was left entirely in the hands of the Executive Committee to decide as to the frequency, date, and topics to be discussed. The members, however, expressed their desire not to have lectures confined to nursing or medical subjects. The questions to be brought up at the Associated Alumnae meeting were discussed. The bill for State registration, at present in the hands of the Senate, which it is hoped will be passed in the near future, was discussed with interest by the members especially interested in the subject of affiliation between the States as a means of establishing reciprocity. It was the feeling of the meeting that the same should be accomplished in some way through the Associated Alumnae, and also that THE AMERICAN JOURNAL OF NURSING should be owned by the Associated Alumnae. Much business of importance was transacted, after which the meeting adjourned.

NEW YORK.—The regular meeting of the Nurses' Alumnae of the New York City Hospital was held in the Academy of Medicine on March 8. After routine business a vote was taken as to whether there should be a dinner or reception this year. A majority voted for the reception. Miss J. Amanda Silver, Miss Irene B. Yocom, and Miss Ella V. Burr were elected delegates to the convention of the Associated Alumnae. A very interesting address was made by the Hon. Homer Folks, in which he outlined the progress made in the New York City Training-School during the two years of his administration as Commissioner of Charities. He recalled the one overcrowded building occupied by the nurses, how first one wing and then another had been built, until the present time, when the school is in possession of the three cheery, comfortable buildings containing the most perfectly arranged laboratories for demonstrations in pathology and chemistry, facilities for the teaching of scientific cooking, etc., the three-year course affording the nurses more opportunity for pursuing those studies, three months being devoted to instruction and class-room work before the pupil enters the ward. At the close of Mr. Folks's address the guests and members adjourned to the tea-room, where the refreshments were presided over by Miss Emily Gilmore and Miss E. Farrell.

NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx held its regular meeting on Monday, March 14, at the League for Political Education. The attendance was smaller than usual, due, presumably, to inclement weather. Eleven new members were admitted into the association. The proposed changes in the by-laws of the New York State Nurses' Association were discussed and generally approved. In February the question of joining the County Nurses' Society was brought before the meeting. But while all present were in favor of applying for membership in the county society, it was finally decided not to apply until after the next meeting of the State Nurses' Association, to be held in Albany in April, as such application necessitated immediate resignation from the State association. A letter stating this decision was sent to the county society. The membership is now eighty-nine, and there is this month an increase in the number of applications. The annual meeting will be held on Monday, April 14, at four-thirty P.M., at the usual place. In addition to the election of officers for the coming year, it will be necessary at this meeting to appoint delegates to the New York State Nurses' Association. All members are earnestly requested to be present.

PHILADELPHIA.—The regular meeting of the Alumnae of the University of Pennsylvania Hospital was held on Monday, March 7, 1904, at three P.M. in the Nurses' Home. The meeting was called to order by the president, Miss Rudden, and the usual routine business was transacted. The treasurer reported in the Endowed Room Fund two thousand one hundred and sixty-five dollars and thirty-two cents. The five-dollar annual subscriptions to this fund come in slowly. The bulletin board for the use of alumnae members is in position in the office of the University Hospital. Any member whose name is not yet on the board can have it placed there by communicating with Miss Caroline Dunn, 23 South Nineteenth Street, Philadelphia, and enclosing one dollar for this purpose. The following names were presented for membership: Miss Rebecca B. Abbott, Miss Elizabeth Broughton, Miss Helen E. Clark, Miss Mabel Jacques, Miss Margaret Lindberg, and Miss Lottie Nagle. The coming convention of the Associated Alumnae in this city in May next was discussed, as was also the State association. Roll-call showed fifteen members present.

PHILADELPHIA.—The regular quarterly meeting of the Philadelphia Polyclinic Alumnae Association was held at Kay House, Thursday, March 3, at three P.M. The meeting was called to order by Miss O'Hara, president. Ten members were present. The regular business of the meeting was transacted and the various committees for the ensuing year were appointed. Miss Wildman, delegate to the Graduate Nurses' State Association at Harrisburg, read an interesting report of the meeting, which was followed by considerable discussion. The alumnae proposed giving a reception to the members of the Associated Alumnae attending the convention which is to be held in Philadelphia in May. Miss Bessie Robison was admitted to membership in the association, and an application for membership was received from Miss Jennie Hoffman. The business meeting was followed, as usual, by a social meeting, which was much enjoyed by the members.

NEW YORK.—The "Linen Shower" held at the New York Hospital Nurses' Club on Thursday, March 10, was for the purpose of increasing the supply of linen to meet the needs of the new club-house, 8 and 10 West Ninety-second Street, to

which the club will move May 1. The balmy, bright weather was most favorable for a "heavy shower," and it fairly rained towels large and beautiful, numerous tablecloths and napkins, doilies, centre-pieces, tray-cloths, sheets, and pillow-cases, with more to follow. The Receiving Committee were Miss Josephine Hill, superintendent; Misses Nash, Lynch, and Frazier, resident members; Miss Frederick, president, and Miss Golding, first vice-president of the Alumnae Association. The parlors were decorated with cut flowers and plants, and looked most home-like and inviting. The guests were most cordially received, and delightful refreshments were served by the committee.

PHILADELPHIA.—The Nurses' Alumnae of the Hospital of the Protestant Episcopal Church in Philadelphia held a meeting in the Parish-House, Twelfth and Walnut Streets, on March 1 at three p.m., Miss Annie S. Haines, president pro tem., in the chair. Two new members were admitted, Miss P. Dotterer and Miss C. Thatcher, and two names were submitted for membership. The secretary was instructed to send letters of condolence on behalf of the alumnae to Dr. Mary E. Esser, on the death of her father, and Miss Joan Darby, on the death of her mother. Miss R. Jackson and Mrs. L. K. Free were appointed delegates, with Miss Annie S. Haines and Miss Maria P. Allen as alternates, to attend the convention of Nurses' Associated Alumnae of the United States. The next meeting of the alumnae will be held in the Nurses' Home on April 5, 1904.

BOSTON.—A special meeting of Camp Roger Wolcott, of Massachusetts, Spanish-American War Nurses, was held at three p.m. on Thursday, March 3, at the Boston Nurses' Club, 755 Boylston Street, Lieutenant Sara R. Langstrom presiding. The meeting was intended as a farewell to Captain Mary E. Gladwin, who goes with Anita Newcomb McGee, M.D., as a member of the first party of ex-army nurses for service in Japan. The members were, however, disappointed, as Captain Gladwin had already gone to join the party in Philadelphia. It was therefore voted to send a telegram to Dr. McGee's Philadelphia address, extending greetings and best wishes for success and safe return. Later the camp had the pleasure of entertaining the Executive Committee of the Massachusetts State Nurses' Association.

NEW YORK.—A regular meeting of the Mt. Sinai Nurses' Alumnae took place on March 3, 1904, at 149 East Sixty-seventh Street, being the last meeting in the old training-school prior to its removal with Mt. Sinai Hospital to the buildings at Fifth and Madison Avenues and One-Hundredth to One-Hundred and First Streets. The meeting was well attended, and besides the usual routine business much interest was shown in the discussion of the subject of "What can be accomplished by nurses in an educational, social, or charitable way?" one of the questions brought forward in a letter from the Associated Alumnae organization. An outline of a charity work which it is our hope in the future to properly fill in promises a worthy goal which we will strive to reach.

TROY, N. Y.—The third class of the Samaritan Hospital Training-School of Troy, N. Y., received their diplomas on Tuesday evening, February 2, 1904. The graduation exercises were held in the assembly-room of the Nurses' Home. The address was given by Dr. Didama, of Syracuse. The Alumnae Association held its second annual meeting on Monday evening, February 1. After the business meeting the nurses enjoyed a social hour with music and dancing, followed by a

banquet. Of the twenty-nine nurses who have thus far been graduated from the Samaritan Hospital two have married and the rest are doing excellent work—some holding responsible hospital positions and the others in private practice in Troy, Glens Falls, and neighboring towns.

BROOKLYN.—The annual meeting of the Graduate Nurses' Association, County of Kings, was held at the Cumberland Street Hospital on Thursday, March 3. After routine business and yearly reports of the secretary and treasurer were read the chairman of the Nominating Committee announced the following officers for the coming year: President, Miss B. S. Monteith; first vice-president, Miss I. M. Burrows; second vice-president, Miss M. O'Neill; third vice-president, Miss M. A. Shaw; corresponding secretary, Miss K. J. Fanning; recording secretary, Miss M. J. Parry; treasurer, Miss D. M. McDonald. Standing committees were elected for the year and the meeting adjourned.

NEW YORK.—The regular meeting of the alumnae of the New York Hospital Training-School was held in the lecture-room on Wednesday, March 9. Owing to the great demand for nurses, the attendance was not so large as usual. Twenty of the recently graduated nurses were admitted to membership. Misses Irene Sutcliffe, Hatton, Goodrich, Golding, and Covert were elected to nominate candidates for the various offices to be voted for at the annual meeting in April. Mrs. La Fetra, Misses Irene Sutcliffe, and Virginia Hunter were appointed a Committee on Resolutions. Miss Sanford, of the Consumers' League, gave a very interesting talk.

BOSTON.—The regular monthly meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held in the Thayer Library on Tuesday, February 23. Twenty-five members were present and two new members elected. After a short business meeting there was an informal discussion of State registration of nurses. The members were fortunate in having present Miss Mary L. Keith, superintendent of Rochester City Hospital, who spoke on the registration of nurses in New York, giving many interesting and helpful points. After an adjournment refreshments were served.

PHILADELPHIA.—The regular meeting of the Alumnae Association of the Woman's Hospital was held at 1227 Arch Street on March 9, 1904. Several letters were read from nurses requesting admission to the alumnae, and names which had been proposed for membership were accepted. There was a large attendance of members and visitors, and after the business meeting adjourned a pleasant social hour was spent with Miss Hannum, who kindly entertained the members. Before separating Miss Blehl favored them with selections of vocal and instrumental music which were very enjoyable.

MINNEAPOLIS.—The Graduate Nurses' Association will, on August 1, 1904, receive from the Medical Society the absolute control of the Nurses' Bureau, hitherto conducted by the Medical Society. Hitherto non-graduates have been registered on a par with graduates. Through the untiring efforts of a few members of the Graduate Nurses' Association this has been changed and the government of the bureau assured them. The association is growing rapidly, and is looking forward to the near future, when they may unite with other graduates and work for State registration.

NEW YORK.—The regular monthly meeting of the Bellevue Alumnae Association was held at the Training-School on February 18 at three P.M. All the newly elected officers for 1904 were present—Miss Mary Markham, president; Miss Jane Delano, first vice-president; Miss Cora Warren, second vice and assistant secretary; Miss Emma L. Snyder, secretary, and Mrs. Mary Bohling, treasurer. The meeting was well attended, and the usual routine business transacted. Many new applicants for membership were announced. Refreshments were served at the end of the business meeting.

READING, PA.—The Alumnae Association of the Reading Homœopathic Training-School for Nurses held a special meeting on Monday, February 15, 1904, at two P.M. at the Homœopathic Hospital, the president, Miss Kaufman, in the chair. Five members were present, and the usual routine business was transacted, after which special business was disposed of. The meeting then adjourned. The next regular meeting will be held June 8, at two P.M., at the Homœopathic Hospital, 135 North Sixth Street.

NEW YORK.—At the annual meeting of the Alumnae Association of Lebanon Hospital, held on Tuesday afternoon, February 10, 1904, at the hospital, fourteen members were present, and the following officers were elected for the ensuing year: President, Miss Marguerite Clancy; first vice-president, Miss Josephine McCaffery; second vice-president, Miss Rosamond Philo; recording secretary, Miss Rose Healy; corresponding secretary, Miss Mary Dalton; treasurer, Miss Estelle Nesbit.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, March 9, 1904, at three P.M., in the College of Physicians, Thirteenth and Locust Streets, Philadelphia. The meeting was called to order by the president, Miss Mollie Malloy, and the usual routine of business was enacted. The subjects put forward were discussed informally among the eighteen members present, and the meeting was thoroughly enjoyable.

PHILADELPHIA.—The nurses of the Pennsylvania Hospital have decided to have a literary evening each week. At this meeting current events are discussed and the nurses are asked to bring anything they have read during the week which they think might be interesting, and then a short time is devoted to the discussion of some subject which has been previously announced. The meetings so far have been very much enjoyed.

TORONTO.—The usual monthly meeting of the Alumnae Association of the Toronto General Hospital School for Nurses met at the hospital on February 9. After the usual items of business were disposed of Miss E. Gordon read a very helpful and instructive paper on "Pneumonia." After the meeting adjourned the association was entertained at afternoon tea by Miss Snively, and a very pleasant hour was spent socially.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Training-School Alumnae was held on March 1. Twenty members were present. The advisability of having a registry at the hospital was discussed, but not voted upon. A committee was formed, Miss Van Ingen, chairman, to revise the old constitution and by-laws. A social few minutes were enjoyed by all, coffee and cake being served.

DANBURY, CONN.—At a special meeting of the Graduate Nurses's Association of Danbury, Conn., held February 11, Miss Emma Corbin and Miss Margaret Gallagher were elected as delegates to the State meeting held in New Haven on February 17. Miss Gallagher's report of the meeting was excellent, and Miss Corbin was elected to serve on the By-Laws Committee of the State Society.

NEW YORK.—The regular meeting of the Alumnae of Lebanon Hospital Training-School was held at the hospital on March 8 at three P.M. Seven members were present and a resolution was carried that a special meeting be called on March 22 for the purpose of appointing a delegate to be sent to the Associated Alumnae conference to be held in Philadelphia in May.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Presbyterian Hospital in Philadelphia was held in the lecture-room of the hospital on Tuesday, March 8, at three P.M. There were twenty members present. Two delegates, Miss Milne and Miss Wardell, were elected to attend the Associated Alumnae in May.

INDIANAPOLIS.—An Alumnae Association of the Indianapolis City Hospital Training-School for Nurses was organized on March 1 with thirty charter members. The regular meetings will be held the first Tuesday of each alternate month in the Training-School parlors of the City Hospital.

TORONTO.—The Ontario nurses expect to organize a Provincial Society, and a mass-meeting is called in Toronto for April 2. Miss Annie Damer, of Buffalo, N. Y., has been asked to be the guest of the occasion.

PHILADELPHIA.—On Monday evening, March 13, the Guild of St. Barnabas gave its annual banquet to the members of the graduating class.

MARRIAGES

IN February, in Baltimore, Md., Miss Leonora Clarke to Mr. Lawrence Tierney, both of West Virginia. Miss Clarke is a graduate of the Johns Hopkins Training-School, Class of 1901, and since graduation has been employed in the hospital as night superintendent and as head nurse in the gynæcological operating-room.

ON January 20, 1904, in Staunton, Va., Miss Lena Gilliland, Class of 1900, University of Maryland Hospital, and until recently in charge of the Twin City Hospital, Winston-Salem, N. C., to Mr. George Jones, of Winston-Salem. Mr. and Mrs. Jones will make their home in Winston-Salem.

ON February 18, 1904, at the residence of her mother, Mrs. Joseph S. Carley, 34 Goylan Street, Windsor, Ontario, Can., Mary Elizabeth, graduate of Harper Hospital Training-School, Detroit, Class of 1897, to Mr. Sanford Warren Buck, of Gaylord, Mich.

AT Park Hill, Ont., February 10, 1904, Miss Eleanor M. Doyle, graduate of St. Mary's Hospital Training-School, Detroit, Mich., Class of 1899, to Mr. Donald McDonald, of Chicago. Mr. and Mrs. McDonald will reside in Chicago.

ON December 21, 1903, in Atlanta, Ga., Miss Margarita Blight, of the Class of 1900, Maryland University Hospital, to Mr. Napoleon Bonaparte Lesueur, of Alabama. Mr. and Mrs. Lesueur are living in Uniontown, Ala.

IN Chicago, Ill., on January 28, Miss Nina L. Smead, graduate of the Brooklyn Hospital Training-School, Class of 1891, to Mr. William O. Colton. Mr. and Mrs. Colton will reside in Colton, S. D.

OBITUARY

ENTERED into rest, Mrs. Caroline A. Preble, *née* Hondlette, Class of 1881, Massachusetts General Hospital Training-School.

"WHEREAS, Our associate, Mrs. Caroline A. Hondlette Preble, whose life was characterized by efficiency, strength, and sweetness of character, has been removed from our midst by death. Therefore, be it

"*Resolved*, That we, the members of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses, learn of her death with sincere sorrow, and that this association, the nursing profession, and the community in which she lived have sustained a loss. Be it further

"*Resolved*, That a copy of these resolutions be sent to the family, to THE AMERICAN JOURNAL OF NURSING, and that they be made a part of the records of the association.

"ELIZABETH R. SCOVIL,

"ELIZABETH MUMFORD,

"FLORENCE F. RICE,

"BOSTON, MASS., March 14, 1904."

"Committee."

AT the regular meeting of the Massachusetts General Hospital Alumnae Association held on February 23, 1904, when it was heard with deep regret of the death of Mrs. C. E. Simpson, who graduated in the Class of 1896 as Miss C. E. Etherington, the following resolutions were adopted:

"WHEREAS, We have lost from among our number Mrs. C. E. Simpson. We the members of this association, desire to express our appreciation of her sterling qualities and lovable disposition, and our sorrow for her death.

"*Resolved*, That we extend our sincere sympathy to her husband and family in their great loss.

"*Resolved*, That a copy of these resolutions be sent to her family, a copy recorded in the minutes of this association, and a copy sent to THE AMERICAN JOURNAL OF NURSING for publication.

"LILIAN H. MORRIS,

"ISABEL M. DOUGLAS,

"Committee."

ON January 31, 1903, Wesley Hospital, Chicago, Ill., lost by death one of its most efficient and faithful nurses, Miss Ellen C. Hanson. She was taken ill suddenly while on duty in the children's ward, and within forty-eight hours the beautiful, devoted life was ended.

Miss Hanson had nearly completed her course of training, during which time in the hospital she had shown a marked ability for her work. Her personal life was exemplary. She was devoted to the Christian faith, and died as she had lived, sustained by its gracious power. Early on Sunday morning, surrounded by her associate nurses and her mother, and soothed by the singing of the hymns she loved, her spirit went to the God in whom she trusted. Rational to the end, she inquired frequently about the little patients in her ward, and left many tender messages of farewell for friends and relatives.

IN New York City, February 14, 1904, Katharine Johnston, aged fifty-one years, graduate of the New York Hospital, Class of 1881. Since her graduation, twenty-three years ago, she had been engaged in active work, and died at the post of duty. After some years of private and district nursing she was superintendent of the Westchester Free Hospital one year, and superintendent of the Training-School of St. Mark's Hospital, Salt Lake City, one and a half years, when she resigned to become superintendent of Christ Hospital, Jersey City, where she remained for five and a half years. At the time of her death she was engaged in private nursing, leaving her patient only a few days before she entered into rest. Hers was indeed a beautiful life of loving service. "Blessed are the merciful: for they shall obtain mercy."

THE following resolutions upon the death of Miss Annie T. Doyle, of the Class of 1903, were adopted at the annual meeting of the Alumnae Association of Lebanon Hospital, held February 10, 1904:

"WHEREAS, It has pleased our Heavenly Father to remove from our midst an esteemed member of our association.

"*Resolved*, That in her death the association has lost a highly esteemed member and the nursing profession a faithful worker.

"*Resolved*, That a copy of these resolutions be extended with our deepest sympathy to her sister, and that a copy be sent to THE AMERICAN JOURNAL OF NURSING, and a record of same be made upon the minutes of the association."

AT the Municipal Hospital, Philadelphia, Pa., of smallpox, Miss L. Blanche Smith, aged twenty-five years.

Miss Smith was a pupil of the Training-School, and had less than two months to serve before graduating. Her body could not be taken to her home in Northumberland for interment, but was buried at the cemetery in Philadelphia at Sixty-ninth Street and Woodland Avenue.

IT is with sincere regret that the announcement is made of the death of Miss Charlotte B. Judd, who died suddenly in New York City on January 12, 1904.

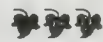
Miss Judd was a graduate of the Connecticut Training-School for Nurses of New Haven, a faithful friend, and conscientious nurse, who will live in loving memory in the hearts of those who knew her.

ON January 14, 1904, Florence Howard Linton, wife of Mr. A. Brock Carey, at the Burke Sanatorium, Burke County, Cal., of heart disease, after an illness of four weeks. She was graduated from the New York Hospital Training-School in 1896, and was married to Mr. Carey November 26, 1902.

AFTER a brief illness, at the Michael Reese Hospital, Chicago, Ill., February 17, Jessie P. Laird, assistant superintendent of the Michael Reese Training-School.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE IRISH NURSES' ASSOCIATION

THE Dublin Nurses' Club, of which mention has been made in these pages, at a large and animated meeting in January last resolved to change the name of the club to "The Irish Nurses' Association," and to extend its membership over the whole of Ireland in order to have a well-organized body to take a part in the oncoming great work of passing a State registration bill through Parliament. The president is Miss Huxley, whose distinguished work in leadership and in training-school has often been referred to in this JOURNAL. The first act of the new association was to call a general meeting of matrons and nurses from all over Ireland to discuss the bills for State registration.

We hope the new association will be represented at the Berlin meetings in June.

THE NURSING SYSTEM OF ITALIAN HOSPITALS

IF one were to search for the most historically important and interesting nursing service in the world, one would find it in Italy; and if one were then commissioned to modernize this system in accordance with the requirements of science and hygiene and with an eye also to the economic basis, one would be confronted with one of the most puzzling and complicated problems imaginable.

The nursing system seen in Italy to-day dates from the third century of the Christian era, and in the general organization of hospital work the division of labor and the plan of day and night duty is undoubtedly much the same as in the early centuries when the various religious nursing orders were first established. Glimpses into the early history of the care of the sick are wonderfully interesting.

Lanciani says that compassion and charity according to our ideas were absent from the Roman character in pagan times; that many temples of a propitiatory character were built,—one to the Goddess of Fever, one to the Evil Eye, etc., etc.,—but that hospitals, even in the most rudimentary form, were not known until the third century.

Yet, he says, a temple to Æsculapius was established on an island in the Tiber in the four hundred and fifty-ninth year of the city, and that the sick were brought there and received in their dreams the instructions as to their cure, and that the priests of the temple then carried out the supernatural prescriptions. This being the case, and if their friends were kind enough to carry them there, it seems as if some rudimentary form of nursing must also have been practised. On this same island, by the way, there stands a hospital to this day—San Giovanni di Calabita.

The early Christians from the first made the care of the sick one of their chief works, and took them into their own houses. Certain great ladies of Rome

who became converted were very active in such work, and showed conspicuous ability in organization, notably Lucina and Fabiola, the latter of whom is said to have founded the first hospital, meaning, very probably, that she brought order and system into the voluntary service.

It would be very fascinating to wander into all the by paths of history, but would lead too far for the scope of this sketch.

With the founding of the monasteries came the large hospitals as we see them to-day, and anyone who wishes to learn something of the history of the many nursing orders will find a mine of information in the *third* volume of "Hand-Book to Christian and Ecclesiastical Rome," by M. A. R. Tucker and Hope Malleeson. This third volume deals with monasticism under the Church of Rome. Whatever one's modern ideas may be, it is impossible not to feel deep respect and admiration for the hospital record of these Mediæval orders.

Many of the famous "religious" who are now canonized were really social reformers of vast ability and courage. Catherine of Siena was the Florence Nightingale of the Middle Ages, and performed marvels of hard and heroic nursing, to say nothing of her political activity. Francis of Assisi revolutionized the whole question of the treatment of lepers, which, as Knox Little in his "Life of St. Francis" says, "was one of the great social difficulties of the time. . . . The leper lost all his rights . . . he had no occupation . . . he had no civil rights even in making a will or handing on his property . . . his acts were void in law. . . . To suffer from this disease was absolute degradation. . . . It is evident that the wisdom of the time, medical and social, was entirely at fault in view of this tremendous and increasing social evil. . . . St. Francis saw how important it was for mankind that the leper question should be dealt with thoroughly.

"Men of all ranks entered the Franciscan order . . . men of culture, of considerable means, and of noble birth. No matter who they were, he insisted on their dwelling in the leper hospitals and attending to the sufferers. It followed that something like improvement in the condition of the towns was begun, and something like a proper treatment of the disease. From this followed in course of time the complete annihilation of the scourge in Europe, which . . . was really the work of St. Francis." ("Life of St. Francis of Assisi," by Knox Little.)

The influence of such personalities and many other noble characters, such as San Bernardino and St. Vincent de Paul, perpetuated in art, legend, and history as they are, and made concrete in these huge old hospitals, built in ancient cloisters and churches, cannot but surround the nursing orders with a certain halo and give them a great hold on the minds and sentiments of people in general.

Thus the church retains to this day almost entire control in hospital management in Italy.

Now, then, it is impossible not to see that modern conditions demand new reforms and a new revolution, even as the earlier ones demanded them in their day.

The religious orders have not kept up with the discoveries of science and the advance of hygiene, and they are entirely out of touch with modern industrialism and the onward movement of self-supporting women workers.

The Mediæval conception of hospital work is a lovely one, founded on compassion and offering an opportunity for voluntary service, but it is not adequate

for the present, when all charitable endeavor is becoming constructive, and when medicine tends continually to prevention.

The actual nursing in the Italian hospitals—that portion of work which with us is done by one set of persons, viz., the nurses—is here divided up between *three* sets of persons—viz., the physicians or their students, the nuns, and the servant-nurses, who also do a large portion of what we call ward-maid's or orderly's work. This, at least, is the way it seems to an outside observer, though, doubtless, it would not be so classified by the officers themselves.

Take the physicians first. It is perfectly evident that the younger residents and medical students do many acts and parts of nursing work, because one can see them doing them. Minor dressings, charting, observation of symptoms and of the effect of drugs, shaving for operations, oftentimes taking temperature, pulse, and respiration, are some of the parts of the work performed by these young men. True, in our hospitals they may do the same things, but they do them to learn, and not because there is no one else to do them.

Second, the nuns. The usual proportion of nuns to a hospital is seldom greater than one to twenty-five patients, and is oftener one to fifty. No one would, then, imagine that it could be possible for the sisters to do more than supervise, maintain order and tranquillity (which they do in a wonderful way), give medicines (special ones), carry out special orders, and keep up a general oversight, seeing visitors, reporting to the physicians, and ordering the household side. This they also do well. Their kitchens are beautiful, and their bed-linen, patients' gowns, doctors' aprons, etc., are admirably kept, beautifully clean and mended, and ample in supply. In short, it appears that the nuns do well and faithfully everything that they have been taught to do. Their failures are in what they have not been taught, and in what they are not allowed to do.

It is hard to understand, after reading the lives of Catherine, Theresa, and other saints, why the church should forbid certain duties to the nuns. I am inclined to think that the saints drew no lines. But hospital nuns are not allowed to attend personally to any parts of the human body except the upper and lower extremities, even with women patients—indeed, even with children. They cannot, therefore, bathe and change and prevent bedsores. This is not their fault, but the fault of their system, and this system also has another serious fault for a nursing service: that its members must recognize, not the medical profession, but the church, as its ultimate authority. While these two, theoretically, should not clash, yet practically this result follows, that the nuns do not get the physicians' point of view in the care of cases.

They are not allowed to do gynecological or obstetrical nursing. While, therefore, they are *in charge* of these divisions they see and know nothing of the details. Who does these things, then? This brings us to—

Third, the servant-nurses. The servant-nurses are of the grade of our ward-maids and orderlies. They receive wages and work as servants. Besides the ward work, the cleaning, sweeping, tray-carrying, meal-bringing, and all the various maids' work, they must also do everything that is left in the province of nursing after we have deducted the share performed by the physicians and the nuns. They carry the bedpans, change the soiled sheets, make poultices and apply them, give enemas, put the typhoids into their tubs, fill ice-caps, etc., etc., ad infinitum. Need we ask how all this is done?

They also do the night-duty, so far as it is done. The one or two nuns who are in charge of a big hospital at night can do more than make rounds, and in one fine, new hospital I was shown the little window at the end of a long ward

through which the night sister "looked" at the ward. These servant-nurses, as might be expected, sleep the greater part of the night, and the patients take care of one another.

They are also short in numbers. As an illustration, in one ward of one hundred and fifty women and children there was a staff of four nuns and six servant-nurses. As a result, their hours are extremely—even inhumanly—long, varying from eleven and twelve to thirty hours at a stretch.

Now, it was the fashion of the Middle Ages for people who worked at all to work themselves to death. Catherine of Siena died at thirty, and all the saints overworked themselves. But it is not in accordance with modern common-sense to kill one set of people while trying to cure another set.

But most difficult of all complications is the economic complication.

The servant-nurses, being uneducated, are paid very little, housed very badly, and altogether represent a cheap-labor element. The nuns, being supported by their orders, are also cheap labor, as the hospitals pay comparatively small sums for their services.

The medical students and young physicians are getting an education which is worth their while, and many of these young men are called to a sort of "private duty" when there is serious illness in the houses of the wealthy; that is, it is quite customary to have a nun for the sick person and a young physician to stay in the house, sit up at night, etc. Add to this that the midwives of Italy are very thoroughly trained in a two-years' service in government universities, and that they absorb most, if not all, of gynecological work, and it will be realized how many and how firmly intrenched are the competitors of the modern trained nurse.

The hospitals, as a rule, have not as much money as they need, and dread the innovation of a modern training-school with its attendant expenses.

Therefore long established custom, religious sentiment, financial conservatism, and to some extent professional caution, to say nothing of social usage and conventionalities, oppose formidable barriers to the modern movement towards renovation of the antiquated nursing service of Italy.

In another number I shall try to tell something of these modern developments.

(To be continued.)

LETTERS

(Continued from page 481.)

THE Ospedale Civile in Venice was my first Italian hospital, and a never-to-be-forgotten one. As everything in Venice is more beautiful than things of its kind anywhere else, so this hospital is more stately and superb and impressive in its special way than other great hospitals having its general character.

For the Ospedale Civile is established in an old Dominican monastery six hundred years old, its entrance being through the former Scuola di San Marco, on the Campo Giovanni e Paolo, and I mean now to compare it with other large hospitals established in old monasteries, of which one finds many in Italy, and not with such hospitals as the General Hospital of Milan or the new hospital in Rome, which are of entirely different styles.

Besides its imposing beauty, the Ospedale Civile also surpasses some other

large hospitals that I have seen in Italy in its strikingly thorough cleanliness throughout, and its fresh, pure atmosphere, entirely free from odor, in the wards. In these two particulars many of the great general Italian hospitals, however interesting otherwise, are quite deficient according to our ideas. We asked a "Portier" to take us about, and in order that we might make the proper impression (remembering the advice I had had about the lowly condition of the Italian nurse or "infirmière") I announced myself as a "Dottoressa," for which fib I hope to be forgiven. I found later it was not necessary to take this trouble. Simply to say one is an American and would like to visit the hospital is enough to insure every attention and courtesy. (The "Portier" should receive a small fee for his trouble.)

The first ward into which we were shown, after passing through fine old halls and passages, was a sight to make one open one's eyes. It had been the library of the monastery, and was a room of majestic proportions and having a particularly fine carved wood ceiling, of a height which we never see at home except in public buildings.

It had no pillars, and contained one hundred beds in four rows without any appearance of crowding, and yet one end was furnished with altar-pieces and set aside for the religious observances. (Every Italian hospital has its chapel, and in many they are in direct communication with the wards.)

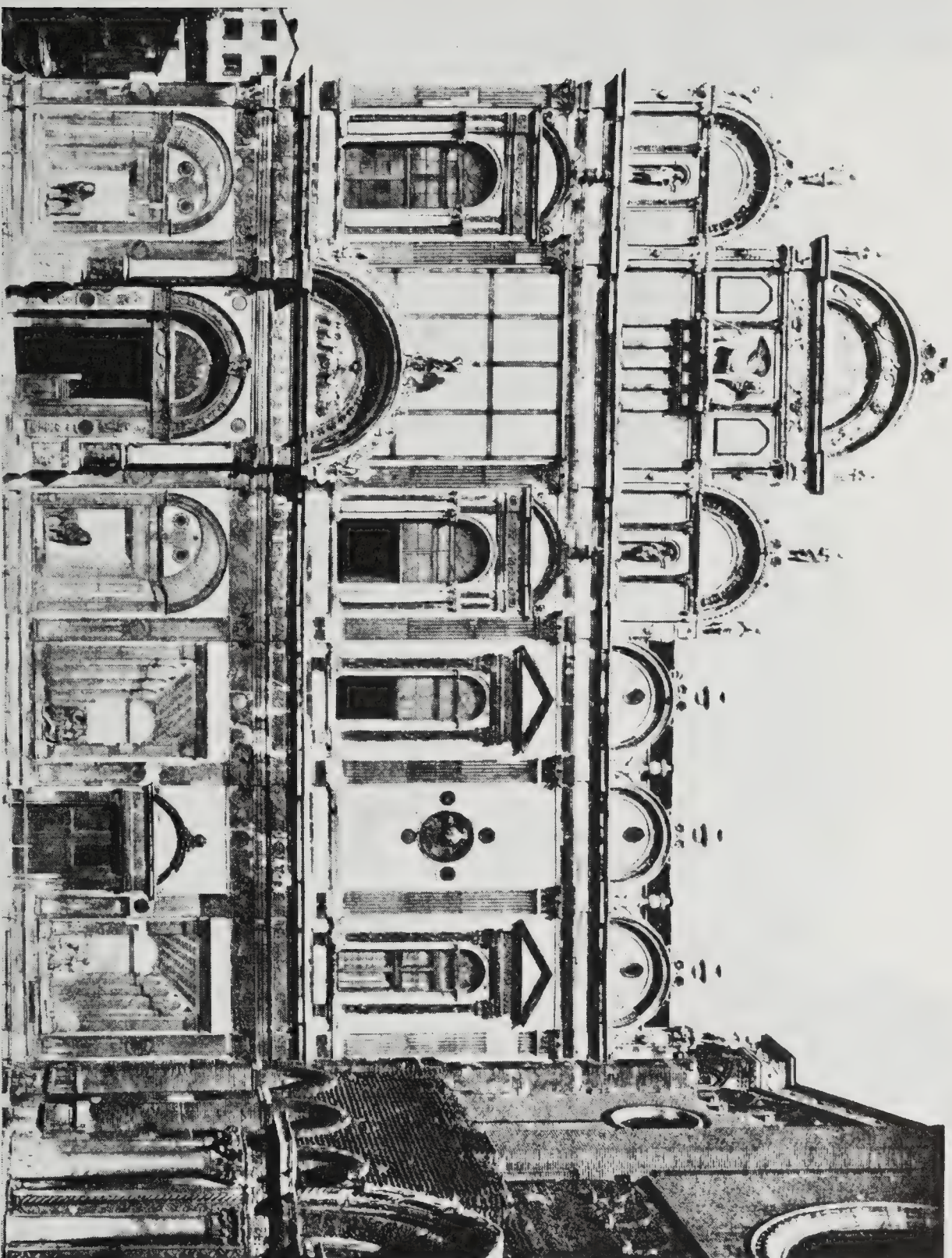
There were windows on three sides and plenty of light and air. It was also pleasantly warm, as modern "central-heating" has been cleverly introduced into the old walls. The hundred beds were all full,—it was a men's ward,—and perfect quiet and order prevailed, yet, strange enough to my eyes, not a nurse was anywhere to be seen.

The next largest wards to this one that I have ever seen are in the County Hospital in Chicago, and one could never enter those wards without finding from four to eight nurses at work.

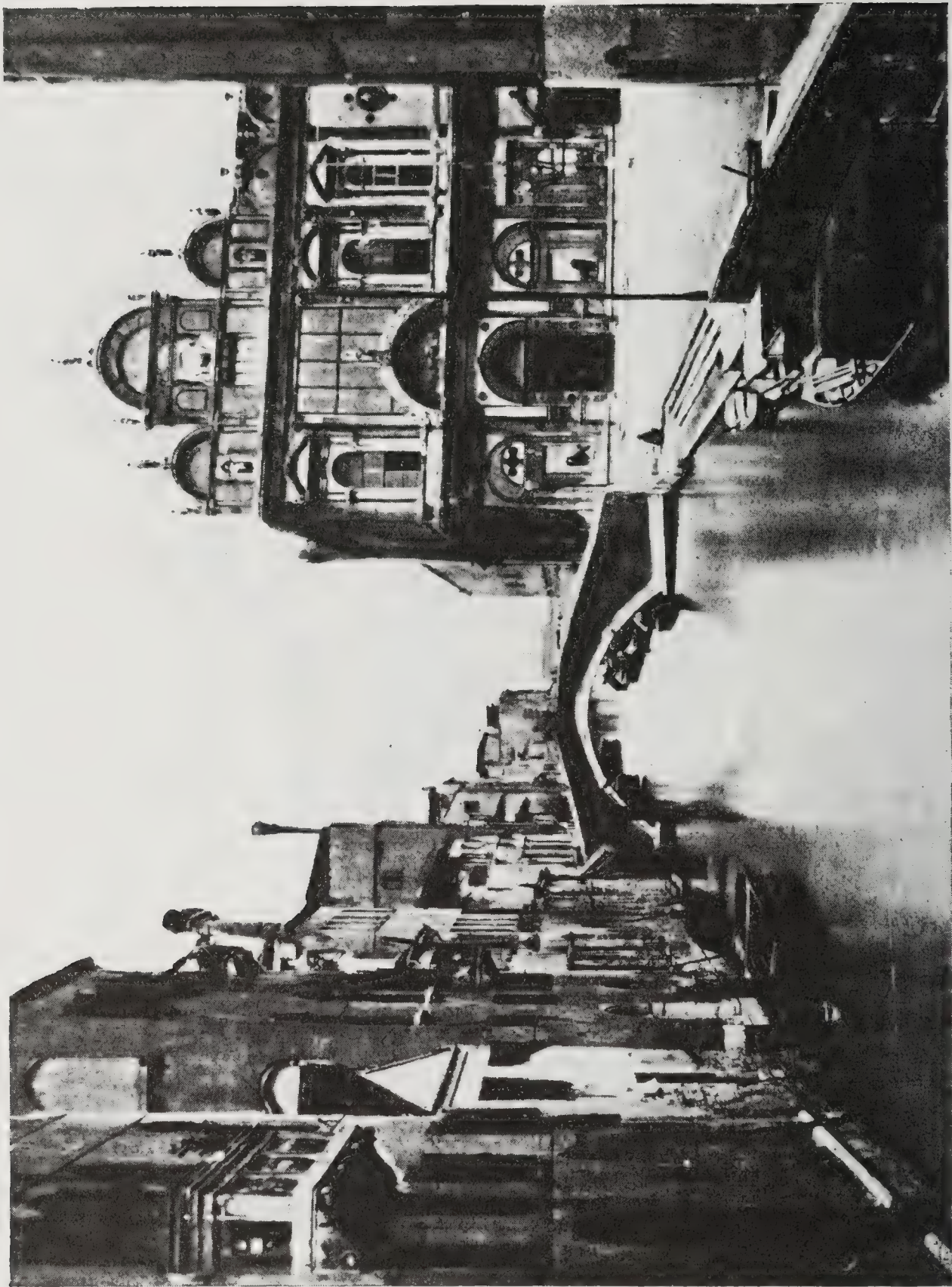
The beds were nice, modern iron beds, with good mattresses, generous pillows, and the linen sheets looked well-kept and ample. Beside each bed was a modern glass-topped metal table, and every man had his own set of very pretty glass flasks of uniform size, one for milk, one for wine or water, and one for medicine. His medicine bottles were also there, for him to take his own doses of what I think we would call the t.i.d.'s. Under each bed, strangest of all to American eyes, stood in matter-of-course array the vessels which we keep in the lavatory and bring out on occasion only.

As we went on through the ward it became evident that several of the men who seemed like convalescent patients were in reality the "nurses," or "servant-nurses," and presently there emerged from a door a young nun, dressed in black with a close black cap and a white apron. She was followed by one of the men "nurses," who carried a large tray on which stood a basin with solution and pledgets of cotton, and a bowl containing a pile of tiny and most dainty little glass phials.

The sister carried a hypodermic needle, and to my interest I found that she was going to give a number of more important medicines, which in Italy are given hypodermically as a routine treatment. Each tiny phial held one dose of medicine hermetically sealed. The sister broke the seal, filled the needle by inserting it into the neck of the phial, and went rapidly from one patient to another, cleansing her needle as she went with the cotton in solution. She administered thus iron, guaiacol, and a number of other drugs which we would be quite unaccustomed to give in this fashion. As the patients bared their arms



CIVIL (OR CITY) HOSPITAL, VENICE FORMERLY SCHOOL OF ST. MARK



SITE OF THE CIVIL HOSPITAL, VENICE



WELL HEAD IN THE COURT OF THE CIVIL HOSPITAL, VENICE



CEILING OF THE ROOM NOW LARGEST WARD, CIVIL HOSPITAL, VENICE

numerous old punctures were seen, but all looked well—the sister did not seem to have abscesses complicate her work.

The other wards we saw were long and not so large. They held fifty beds. Surgical dressing-rooms and operating-rooms were plain but neat and orderly. The physicians have a most beautiful library, adorned with wood-carving and paintings by old masters. Their rooms are in the ancient “cells” once occupied by the monks, and the sisters are lodged in similar fashion.

The whole hospital is immense and superb in details, but I will not try to describe it all. It accommodates thirteen hundred patients, and forty sisters are detailed to it for day and night. This proportion shows that their work can be only supervisory, with little actual nursing. The marvel to me was that it could look so well. The floors were terrazzo, and we saw the “servant-nurses” sweeping them with wet sawdust, which seemed an excellent detail. The wet sawdust was thickly sprinkled over the floor and then swept up with the clumsy-looking Italian broom, leaving the floor perfectly clean.

In the art and architecture of Venice many records are found of old times of plague and pestilence. For instance, in the Scuola di San Rocco there are frescoes on the walls of the staircases depicting the plague at its height and its abatement, and the magnificent church of Santa Maria della Salute was built in commemoration of the plague of 1630. Within is a marble group showing the Virgin exorcising the plague demons, and to this day the festival is observed which was instituted in gratitude after the disappearance of the pestilence. Although there are several other churches in Venice also built in expiation or in gratitude in plague times, this one is the most important.

It so chanced that I was there on the festival day, and all the streets near the church were filled with the booths and carts of the venders of candles of enormous size. People came from all over the city, rich and poor, and everyone gave at least one candle as an offering.

L. L. D.

(To be continued.)

ITEMS

DISTRICT nursing work in Liverpool has just lost the services of Miss Sara Wilson, who has devoted the last twenty-five years of her life to this service, and has now retired from work. Miss Wilson was in close relation with the late Mr. William Rathbone, the founder of district nursing. Their ideals were the same—not only that the sick person should be nursed back to health, but that the whole family should learn better and more sanitary ways of living.

The labors of such pioneers as Miss Wilson may justly be regarded as having broken the ground for the modern movement towards better housing of the poor, which is the very bottom foundation of public health, and their names deserve to stand with the benefactors of humanity.

MISS AMY HUGHES proposed the following important resolution at a conference of the Women's Industrial Council in February:

“That this conference is impressed with the urgent need of providing training for girls of the industrial class in the care and management of children; that this training, on broadly technical lines, should take place at a day technical school, and continue for not less than one year; and that this conference earnestly recommends the Technical Education Board of London, and all organizations

dealing with technical training, to consider the advisability of establishing suitable schools."

There is room for a whole editorial in this resolution. It is like all Miss Hughes's work and shows her steadily pushing forward in efforts designed to make the world a better place than she found it.

It is surprising to read that the Central Hospital Council, composed of representatives from the managing boards of the London hospitals, are uncompromisingly opposed to registration and have formulated a resolution to that effect, and have also declared their determination to fight it in Parliament. When we recall the practical and most effective support given to the American nurses' movement by hospital governors and managers we are really unable to understand the attitude of the London council, except by a deduction very unflattering to themselves. Why should they not be as liberal and progressive as the American hospital boards?

THE Irish Nurses' Association has formed a Standing Committee to deal with the business in connection with the bills for State registration, and intends forming sub-committees throughout the country to educate the public. This is practical and good, and we are delighted to see such a vigorous ally coming to the aid of the English society. What is Scotland doing?

THE English nurses' registration bill was introduced into the House of Commons by Dr. R. Farquharson on Monday, February 15, and read for the first time. We extend our hearty congratulations and best wishes to the English Society for Registration, and hope that it may triumph in its efforts for legislation.

A LIST of hotels and pensions for foreigners attending the congress will be furnished on application to Frau Maria Gubitz, Berlin W., 35 Lükow Str., 85a.

AN Anglo-American Hospital has been opened at Cairo. Besides beds for private patients it has provision also for non-paying patients.



WOMEN NURSES IN BOSTON.—That women nurses are not employed to care for male patients in Boston is a discovery just made by a Philadelphia physician, who says that the regard for the proprieties there is such that it is considered more fitting to hire a male nurse for a male patient. This declaration would not be accepted seriously if one of the Philadelphia papers had not taken it up and soberly commented upon it as a sign of Boston's eccentricities. As a matter of fact, very few male nurses are employed in Boston. The situation is, that over ninety per cent. of male patients have female nurses. Women are more sympathetic, more attentive, more careful, and more faithful in their service than male nurses, and for this reason physicians as a general rule recommend them. Besides, they cost less. (?)

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

OPEN LETTER TO ALUMNÆ ASSOCIATIONS

DISCUSSING organization, I once heard a clever man say that "it took ten years to make a constitution, and then it was not satisfactory." Such being the case, we need not be disheartened at finding flaws in the government of some of our nursing bodies. A weak spot which strikes me as needing correction is our common practice of sending new delegates every year to the Associated Alumnæ. Most of us thought in the beginning that every new delegate was one more enlightened, but what has been the result? Every year the Associated Alumnæ meetings are composed almost wholly of strangers, strange to one another, strange to the work done before, and, unhappily, too often strange to the work in hand, consequently a greater part of the time is consumed in getting acquainted with the work previously done.

It is an almost universal sentiment among delegates that if they might come again they would be able to work more intelligently. This being true, why do we not send our delegates for two years instead of one, and where a society is entitled to several have them changed at different times? I think the best illustration of our faulty precedent has been in the question of the Associated Alumnæ ownership of the JOURNAL. I am convinced that if the meetings in the the past had been composed of a sufficient number of the same persons the Associated Alumnæ would now be the owner, but instead we have new delegates every year whom we have sent with little or no instruction of how to act in the matter, and in this fashion, with desultory and unsatisfactory discussion, this vital subject has been dragged along for five years. Meanwhile the exigencies of business compelled that the JOURNAL be incorporated, which had to be done by a stock company, and which has grown to such dimensions that only by a tremendous concerted action can the Associated Alumnæ become its purchaser, all of which I believe would have been averted had a few people been allowed to act as delegates for two years or more. Is the subject not worth some discussion?

ISABEL McISAAC,
304 Honore Street, Chicago.

DEAR EDITOR: As I glance over the part of our JOURNAL each month which is devoted to reports from societies I find myself wondering whether it is worth our while, as alumnæ, to send in such detailed reports of local happenings which have no general interest. I realize that these items are intensely interesting to those whom they concern, but is not a local alumnæ report, rather than a national magazine, the place for them?

Possibly these local items help to keep up the interest in the JOURNAL of a large number of subscribers. I do not know. I am asking for information. It would seem that we would all rather see the space now given up to these details

devoted to articles of greater general interest. I do not mean that these reports should be omitted, but they might be confined to items which are of real interest to the nursing world, of progress made, of suggestions helpful to others, etc., etc. We might try to cultivate among ourselves a spirit of contributing only that which will be of use to us all and save you part of the pruning, which must be at best a delicate task. Yours sincerely, L.

DEAR EDITOR: THE AMERICAN JOURNAL OF NURSING, "Seasickness," on page 454, JOURNAL of March, contains what I consider rather drastic treatment.

I should judge the bowels would be so loose at the end of the tenth day that sailing would have to be postponed. At sea one needs to be in control of their functions, rather than have their functions control them.

I would suggest that any nurses planning for the Berlin trip be very wary how they physic themselves before sailing.

I have been on the water for coast trips quite frequently, but have crossed the Atlantic only twice. Was not seasick. I was seasick on one coast trip, I think, because my companion in the stateroom was much distressed. Since that experience I have tried to prepare by taking *Ammonii bromid.*, gr. v, t. i. d., for three days previous. I think this is preferable to the *sodium bromide*, as the former has a little stimulating effect.

Five grains is quite sufficient for one who does not habitually take drugs. I find the *Ammonii bromid.* tranquillizes my nerves so that I do not care whether doors bang or not.

The captain on the Atlantic liner said seasickness begins in the ankles, and if one can get the proper swing, and preserve the equilibrium, one would not have to pay tribute to Neptune.

I hope all the nurses who go to Berlin will have a very good time. I wish them all *bon voyage*.

BOSTON.

DEAR EDITOR: I have just received a copy of the constitution and by-laws of the Massachusetts State Nurses' Association, together with a letter from a prominent officer of that association drawing my attention to the fact that they had endeavored to make their constitution and by-laws as *simple* as possible, and saying that their association was progressing most favorably with it as a guide. On reading over the clause referring to membership I note with much interest that no mention is made anywhere of *alumnæ* associations or any societies of nurses other than the county societies, which are branches of the State association.

For the New York State Nurses' Association to adopt similar by-laws concerning membership may be a "radical change," but in view of the fact that the by-laws of the New York State Association were adopted in 1902, revised in 1903, and are to be revised again in 1904, it would seem that some radical change would not be out of place, also that much valuable time and energy might be saved by adopting by-laws of a more permanent character.

As far as *alumnæ* associations are concerned, I do not think that anyone, least of all myself, has ever thought, much less said, that "their days of usefulness are over," but I maintain that nothing can be gained and much unnecessary complication is added by their recognition in the State and county societies.

For inter-State affiliation as a means of establishing reciprocity, here again

an organization composed of alumnæ associations is superfluous, as the natural sequence of the county and State associations will be a confederation of State associations.

B. VAN HOMRIGH STEVENSON,
823 Park Avenue, New York City.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



QUARANTINE IN DIPHTHERIA.—The *Albany Medical Annals* publishes a paper on this subject of which the following synopsis is given by the *Journal of the American Medical Association*: "From a study of one hundred cases with special reference to the time of quarantine, Salmon concludes that the severity of the disease bears no relation to the duration of infection and an arbitrary time-limit is not justifiable. The occurrence of positive cultures after a single negative one had been obtained is shown to be the rule rather than the exception. The importance of taking cultures from the nose as well as the throat in the pharyngeal cases is demonstrated by a number of instances included in the series in which the nose remained infected longer than the throat. He advises two negative cultures to be taken on alternate days from both the nose and throat after two weeks have elapsed from the onset of the disease, a requirement which is not unfair to any, though permitting the release of only about six per cent. of the infected persons."

THE DIETETIC TREATMENT OF EPILEPSY.—The *Interstate Medical Journal* gives the following review of an interesting paper: "Meyer gives an account of a series of cases in which the dietetic treatment was carried out with great care. Four cases formed the material upon which the experiment was tried. No medication whatever was given for a period of four weeks; during this time observations could be made for comparison with the period of actual treatment. The cases averaged twenty years, and were all of a severe type of the disease. Balint's latest diet was used, including the especially prepared bread to which he has given the name of bromopan. This is a saltless bread, baked with one gramme sodium bromide to each one hundred grammes of bread. The patients were under observation from two to five months. The following diet was planned for each patient: Six A.M., one-eighth to one-fourth litre cacao or coffee, one-fourth bromopan, egg; nine-thirty A.M., one-half litre milk, three-fourths bromopan, egg, fruit; twelve-thirty P.M., one-half litre milk, one bromopan, two eggs, fruit; four P.M., one-eighth to one-fourth litre cacao or coffee, one-fourth bromopan; six P.M., one-half litre milk, one-fourth bromopan, fruit. The results were as follows: In all cases the attacks decreased in number and in severity. In two cases the psychological improvement was very marked. All the cases bore the treatment well and gained in weight during the period of treatment. A daily bromide dose of three grammes was sufficient in each case. The author believes that this treatment, while it does not offer the possibility of a cure, yet is far more effective than any method that has yet been devised."

EDITOR'S MISCELLANY



THE LANDSCAPE GARDENERS OF JUSTICE.—It is most gratifying to hear the voices of lawyers, both those still in the ranks and those who have been elevated to the bench, loud in denunciation of lynching and in urging that the public conscience be quickened. It would be still more gratifying if these gentlemen learned in the law went on from castigations of the people to self-examination and self-castigation.

Justice is the dream of humanity through all the ages. And to the lawyers as to no other class, as not to all other classes combined, has humanity looked with hope and trust for the realization of that dream. Yet what do we find? These same lawyers, instead of planning to make broad and level, plain and toll-less, the road between the wronged man and his rights, between the wronger and his dues, have planned and still plan that road on lines that a landscape gardener might envy. And at every turning, in every dense thicket through which it leads, or rather wanders vaguely, they have set up a toll-gate.

Courts thronged with lawyers, Legislatures and Congresses swarming with lawyers, statute-books never out of the custody of lawyers, the entire machinery of justice in the possession of lawyers—and lawyers have the face to stand in bland self-righteousness, waxing wroth over sins which are in large measure the result of their own passions for hair-splittings and for fees.—*Saturday Evening Post*.

THE managers of Bellevue Training-School have recently issued the following appeal, of interest to a great number of our readers:

“BELLEVUE TRAINING-SCHOOL A PRIVATE CORPORATION.

“Although Bellevue is our great city hospital and will be in the future one of the finest and largest in any city, the school which trains the nurses who care for the sick in its wards is a private corporation administered by the Board of Managers.

“Thirty years ago the condition of the wards in Bellevue Hospital was deplorable. Such a thing as a trained nurse was not then known in this country, but the crying need was felt for some action which should do away with the horror of those poor, neglected, suffering creatures, lying amid filth and vermin, and attended by the Workhouse paupers of the city, whose attendance must have been far worse than neglect. A few well-known philanthropic women took the matter in hand, and obtained *permission* to put pupil nurses in Bellevue Hospital. On February 4, 1873, a private corporation was formed ‘for the training of nurses for the sick, in order that women shall find a school for their education, and the public reap the advantage of skilled and educated labor.’ What was then a permission has since become a peremptory demand. All over the country are hospitals, and in every one of any value the trained nurse is as indispensable as food or medicine.

“THE VALUE OF THIS PRIVATE CORPORATION

in preserving the school from the disturbances incident to constant political changes has been inestimable. The medical profession connected with the hos-

pital, the present Board of Hospital Trustees, all wish to preserve the integrity and autonomy of the mother Training-School of this country. To do this we must be ready to meet the demand which will be made upon us to nurse the wards of the new Bellevue. We cannot wait for the new hospital to be built, for our experience tells us that as the present building is inadequate to the number of patients who now need care, so the new hospital will be rapidly filled, and that we must be prepared to competently care for those working men and women who lay down for a time their burden of work to bear that of pain and suffering.

“THE PRESENT CROWDED CONDITION OF THE WARDS

makes it necessary now for each nurse to care on an average for nearly seven and one-half patients. This average is arrived at by taking the whole number of patients and the whole number of nurses on day duty. It is necessarily a little misleading, as there are some wards in which there are helpless infants where a slightly better showing could be made, but, on the other hand, there are wards where a nurse must undertake the physically impossible task of caring for eleven or twelve or even more patients each. This crowded condition is one which we must look forward to as being more or less constant until the new hospital is built, as our constantly increasing population makes a constantly increasing demand upon the resources of both hospital and Training-School. The average of nurses to patients in the best hospitals not run by cities is 4.7. Are we to deserve the reproach that we take less good care of the patients in the wards of Bellevue than those so-called private hospitals take of theirs?

“THE SCHOOL HAS OUTGROWN ITS HOME

in the original building given us by the late Mrs. William H. Osborn, one of the incorporators of the society. Within the last two years we have been obliged to rent two adjoining buildings. These, of course, are ill adapted to our use, but were the best available. The time for these makeshift arrangements has passed. Our duty is to look forward and to project into the future whatever of good we have stood for in the past. Our private income is small, and we have reached the limit of our resources. The city pays us a certain sum monthly for our superintendent, her assistants, and each pupil nurse. This sum is supplemented by us, as it is not enough to cover our necessary expenditures. It has been proven that the most successful way to run a *quasi* public undertaking is to have a private corporation assisted in some measure by the city. There need only be cited as illustration of this truth the Natural History Museum, the Zoological Gardens, and the Aquarium.

“A NEW HOME IS NECESSARY,

and we wish to erect in the rear of our present home, that is, on the lots on Twenty-fifth Street on which we have an option, a permanent building of such arrangement and capacity as will accommodate the number of nurses necessary, not only for our present but for our future work. To enable us to do this the contributions must be immediate and generous, and

WE MAKE OUR CALL

upon the public with high confidence, knowing that there will be an answering impulse in the heart of everyone who has felt the blessing and relief in their own home of the well-trained nurse. This blessing and relief we have been trying for thirty years to give in some measure to those who cannot have it in their homes, and yet who, for their worth to the commonwealth, should be sheltered, cared for,

and restored to their usefulness. Nor must it be forgotten that in the necessity for the new and enlarged Bellevue Hospital lies not only our obligation but also our opportunity, and beyond that the relief of innumerable private patients who reap the benefit of the rigid training of the hospitals.

“For the greater the field the wider the work, and the nurses can no more be trained to the highest efficiency without the scientific equipment of the modern hospital, than the patients in that hospital can be cared for without the trained nurse.”

THE STORY OF THE WHITE ROCKS MISSION.—In 1896 I came with Miss Garrett to the reservation adjoining White Rocks. I had had no special training for the work, and I knew nothing whatever about Indians, so the first thing to be done was to study *them* and to make friends. This soon became so interesting that I begrudged the time and strength given to cooking and washing dishes! I bought a pony and visited the camps. In a short time the Indians within reach knew me and greeted me with a smile. I tried to teach the children English; one old squaw invited me to come and live at her house in order to teach her grandchildren! I gave the children clothes which had been sent by the Auxiliary, and persuaded them to wash their faces and braid their hair. One little motherless mite, as soon as she saw me coming, used to trot off to the brook, where I had taken her several times to wash her face. It was very gratifying when I left to come up here to live to hear of the expressions of regret from my Indian friends. When I go back there on a visit their cordial greetings warm my heart.

The bishop asked me to come to White Rocks in 1899. No missionary had been stationed here before. I rode up on my pony, twenty miles, and was very pleasantly situated at first, living with the field matron; but she was ordered away, and I had to live alone. The sick had always excited my sympathy, and I felt the need of a nurse's training so keenly that I went home to Virginia and took a six-months' course in a hospital; that training has been invaluable to me.

We then began to collect funds for a hospital and mission house combined, for on returning here I had to beg a lodging place of the agent. I was allowed two rooms in an old building that had been given up to rubbish and rats. The spring after I returned from the hospital I nursed two cases and took an infant into the house whose mother had died when it was only a few days old. This baby lived long enough—eight months—to take such a place in my heart that there was no more room for loneliness, and to leave such a void when she died that I was tempted to give the work up and go somewhere else. But afterwards I felt that I did the right thing in staying.

I had thought the Indians would never trust me with another baby, but four months after an infant, just twenty-four hours old, was brought to me, and four months after that another, six weeks old, was brought in. The Indians take a great deal of interest in the two boys; and their being kept clean, fed properly, and put to bed regularly makes a wonderful difference in them, their eyes are so bright and they seem so intelligent.

Red Moon's father used to come to see him often and was very proud of him, but on the third of July he died in a very sad way. It was just before the Indians had their sun dance. This man had been at work up in the mountains and was taken ill. The other Indians went off and left him alone, and he must have been there nearly a week before an old Indian went up and brought him down; he died the next day. On one of the last visits he made his boy, after

talking to him for awhile he turned to me and said he had asked Red Moon if he would like to go and live with him on his farm, but that Red Moon said "No," he wanted to go and live in the "new house" (the hospital). That was his way of expressing his appreciation of what had been done for his boy. On another occasion he told me that if he should die he wanted me to keep his baby always; I was never to let any Indian take him away from me. I have applied to the courts, with the agent's approval, to be appointed guardian. The Indians' name for me now is, "Mother to the Ute Babies."

In June, 1902, Miss Murray, from Boston, joined me, and in August, 1903, we moved into the new mission house, *i.e.*, St. Elizabeth's Hospital. Here we have reception- and dining-rooms, which we use as a Sunday-school hall, three bedrooms, a large ward with six new beds and all their fittings, and an operating-room, besides the kitchen, bathroom, and store-room. The first night I slept in my pleasant, airy room, a *real* room, not a stuffy cubby-hole, it seemed delightful; and when the first storm with pouring rain beat upon the windows we sat and looked at it with much satisfaction, knowing that it would not come in, either under the door or through the roof.

We are getting the place furnished gradually. The White Rocks people have shown a great deal of interest and have been very generous in their gifts. The agent has had a nice plank-walk laid, but the place is not enclosed, nor is there shelter for the horse and buggy or for the wood and coal. Carrying the water is harder than it was at the old place, but we hope all this will be remedied in time, and that we will not wear out first. There are so many things a missionary can do for himself if he is a man, but being women and in a place where it is almost impossible to get workmen, we must wait.—LUCY N. CARTER, in *Spirit of Missions*.

AN ADVANCED NURSING COURSE.—There is considerable talk in Boston of having one of our women's colleges open a course in nursing for mothers, matrons of advanced years, and persons who have anything to do with household care. The idea originated in the course in the management of the home now being given at Simmons College. If women who are their own housekeepers are willing to learn to direct their menage upon correct principles, no obstacle appears why they should not be taught scientific nursing, so that when members of their family are ill they will know how to apply the most effective treatment without going to the expense of hiring a professional nurse. The idea seems reasonable enough, and if Simmons College or some other institution of its kind opens a course of this character it will be liberally patronized.

[We are not prepared to vouch for the truth of the above, but the idea is good. Trained home nurses, after a little practical experience, will be likely to appreciate a good nurse when they are obliged to have one—and the more knowledge the better.—Ed.]

DISTRICT NURSING IN IRELAND.—Lady Dudley makes an appeal through some of the newspapers in this country to the Irish people in America for money for a fund to provide district nurses in the poorest parts of Ireland. In this appeal she says:

"In many parts of Ireland, especially those known as the 'congested districts,' no provision is made for nursing the sick poor in their own homes. The population is purely agricultural and acutely poverty-stricken, and the Boards of Guardians in these districts cannot supply even the ordinary maternity nurses.

The people assist one another, the poor supporting the destitute; but a rate in aid of the nursing fund cannot be levied in these districts, for that would merely be taxing the already overburdened population in one direction to benefit them in another. Moreover, as there are seldom any resident gentry or well-to-do inhabitants of the middle classes, it is equally impossible to obtain voluntary contributions from local sources. During the past year sufficient money has been collected to establish and endow eight Jubilee nurses. Four of these have been at work some little time, four more will be so shortly. But applications from districts equally poor and necessitous are coming in constantly, and, unless the fund receives further assistance, the answer sent to such applications must be unfavorable. I can, perhaps, best bring the real condition of affairs home to your readers by citing one typical case, that of Knocknalower, in a western union which I have recently visited. In this bleak moorland district of seventy thousand acres there is scarcely a dwelling of any kind except the wretched cabins of the five thousand small landholders, and so utterly poverty-stricken is the place that it is difficult to find a doctor who will remain, no less than ten appointed having resigned during the past five years. In this district, the valuation is only twelve shillings two-pence, while the rates amount to five shillings ten-pence on houses and two shillings nine-pence on lands. It will therefore be seen that it would not be practicable to provide a nurse at the expense of the rates. In many parts of the district the people have to journey a whole day across the bogs to obtain medical relief. They have also had to be kept alive by special relief works on eight occasions in the past twenty years.

"I feel confident that the work of supplying properly qualified district nurses for places like this only requires to be brought more prominently to the notice of the Irish people in America to insure for it no inconsiderable measure of support.

"I shall be happy to furnish particulars of the scheme with an account of work done to anyone who desires further information. Annual subscriptions or donations may be sent to me, or to the secretary, the Bank of Ireland, Dublin, marked 'Lady Dudley's Fund for District Nurses.'"

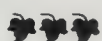
A NEW REGISTRY.—An effort has been made during the past year to establish a local association to be known as the Nurses' Metropolitan Registry Association of Richmond for the maintenance of a central registry and the establishment of a club-house or club-rooms for nurses. A similar organization exists in Norfolk, Va.

THE following resolutions were recently passed at a meeting of the Mississippi Medical Association:

"WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; therefore, be it

"*Resolved*, That it is the sense of the Mississippi Valley Medical Association that measures be taken by Boards of Health, Boards of Education, and school authorities, and, where possible, legislation secured, looking to the examination of the eyes of all school children, that disease in its incipency may be discovered and corrected."

EDITORIAL COMMENT



PROPOSED AFFILIATION WITH THE RED CROSS SOCIETY

ON February 23 a number of well-known women in the nursing profession came together in New York for committee work of different kinds, and quite informally a group of New York women met with them on the evening of the day mentioned to discuss several questions of importance to nurses.

The out-of-town members present were Miss Mary M. Riddle, president of the Associated Alumnae; Miss M. Adelaide Nutting, president of the American Federation of Nurses; Miss Isabel McIsaac, president of THE AMERICAN JOURNAL OF NURSING Company; Miss Sophia F. Palmer, editor of THE AMERICAN JOURNAL OF NURSING, and the five Chicago members of the Class in Hospital Economics at Teachers College.

Of the well-known New York women there were present Miss Maxwell, of the Presbyterian Hospital; Miss Delano, of Bellevue; Miss Wilson, of St. Luke's; Miss Sanborn, of St. Vincent's; Miss Pindell, of the Metropolitan; Mrs. Dean, of Mt. Sinai; Miss Gilmour, of the New York City Training-School; Miss Mary E. Thornton, secretary of the Associated Alumnae, and others.

The very recent declaration of war between Russia and Japan brought up the question of the position American nurses should take in time of either national or international calamity of any kind, and it was the consensus of opinion that some action should be taken that would place American nurses always in an impartial attitude of readiness when their services were needed, either at home or abroad.

In a free and informal discussion the following points were brought out:

1. American trained nurses to be at all times in a position to render aid to suffering humanity, regardless of nationality or creed, should be affiliated in some way with the National Red Cross Society of America.

2. Such affiliation should be consummated through some one of the existing nursing organizations.

3. The American Federation of Nurses was suggested as a possible channel for such affiliation, as that organization, being a union of the Associated Alumnae and the Superintendents' Society for membership in the National Council of Women, might easily have its functions extended with the sanction and coöperation of the two societies concerned.

An informal committee was appointed to learn, if possible, if there was necessity for immediate provision for service at the seat of war in the East, and to ascertain if the National Red Cross Society had so far completed its reorganization that it could consider a proposition for such proposed affiliation, if made through the proper official channel.

It is an authentic fact that the Russian Red Cross Society has six million five hundred thousand dollars in its treasury and owns property amounting to three million dollars more. It has four thousand trained nurses on its list, two thousand five hundred of whom are sisters.

The Japanese Red Cross has more than four million dollars in its treasury,

with an annual income of one million dollars from various sources, and it has two thousand five hundred trained nurses enrolled. These figures would seem to indicate that unless the war in the East is of prolonged duration, the services of American nurses will not be a necessity for either country.

The first Japanese training-school was organized by our own Miss Linda Richards, and the development of trained nursing in Japan has been quite as remarkable as it has been in the United States. The advantages of a nursing service composed of women who speak the language of the country needs no comment.

In the fifth resolution of the Conference of Geneva in 1863, it is stated that the Red Cross Committee of belligerent nations "can solicit the assistance of the committee belonging to neutral nations," but it is customary when such a request is made for the committee rendering aid to obtain the consent of the other belligerent nation, and where assistance is proffered it is customary to offer such aid to the Red Cross Societies of both countries. Such aid has been offered to the Red Cross Societies of both Japan and Russia by Germany and France.

Unfortunately, the Red Cross Society in our own country is not at present in a position to render aid in any form. There have been difficulties, as is very well known, in the management, and there is practically no money in the treasury. The society is now in a condition of reorganization, and this reconstruction period would seem to be a very proper time for American nurses to endeavor to obtain some form of affiliation which would identify American nurses with the National Red Cross Society.

At the Superintendents' meeting, held in Pittsburg in October, a resolution was adopted giving the councillors power to act for the society on any public questions that might arise during the year. The meeting of the Associated Alumnae will be held soon and it would seem an opportune occasion for the subject of affiliation with the National Red Cross Society to be considered.

THE AMERICAN FEDERATION OF NURSES.

Growing out of the informal conference already mentioned has come another suggestion that seems to contain possibilities for the future.

The American Federation of nurses at present means little more than a name. There would seem to be a growing need for a National Society of District and Settlement Nurses. There is a possibility of a Navy Nursing Corps. We already have the Army Nursing Corps, the Superintendents' Society, the Associated Alumnae, State associations, and St. Barnabas Guild, and the idea comes from one of our bright women that we use the American Federation of Nurses as a means of affiliating all of these different organizations and classes of workers.

It is a gigantic suggestion that takes one's breath away, but it contains possibilities that would make the American Federation a splendid avenue for affiliation with the Red Cross Society, and shows the trend of thought in some directions.

OTHER SUGGESTIONS.

As we go to press still another suggestion comes to us from a prominent leader in organization work. Referring to the affiliation with the Red Cross she says: "In two months more the annual meeting of the Associated Alumnae will be held, and I hope at that time the question will be agitated and, if possible, a strong working committee be formed with power to coöperate with the local

alumnæ everywhere to the end that each State shall have a body of nurses organized and ready to be called out as easily as the State militia."

Miss Damer's paper comes too late for comment, but it speaks for itself.

THE JOURNAL OWNERSHIP

WE notice that the Alumnæ Association of the Maryland University Hospital, Baltimore, was very prompt in acting upon our suggestion in the March number that the future ownership of the JOURNAL should be considered carefully by the local associations, and we are glad to see that the Maryland University nurses voted that the "Associated Alumnæ should own THE AMERICAN JOURNAL OF NURSING," but we miss any suggestion of the amount of money that this alumnæ will contribute as its share of the fund that must be raised to enable the Associated Alumnæ to purchase the JOURNAL from its present owners. It is not enough that the local associations *vote* that the Associated Alumnæ shall own the JOURNAL; they must state in unmistakably plain terms what they will do towards raising the money to be given as a free gift to the Associated Alumnæ, otherwise it is only a waste of time to vote for "ownership." It is a question of available funds, and not of promises.

Beginning with the first meeting of the Associated Alumnæ, held in Baltimore, the subject of the magazine has been discussed at every annual meeting. A Committee on Periodical was appointed at this meeting, and it is a matter of history, recorded in the annual reports, that this committee came back year after year and reported no progress. The JOURNAL could not be established without capital, and the Associated Alumnæ as an organization could not provide the financial backing necessary for so extensive an undertaking.

The personnel of the Committee on Periodical changed from year to year, different chairmen taking the matter in hand; finally Miss M. E. P. Davis was asked to take the chairmanship, with Miss Fulmer, Miss Nutting, Miss Stevenson, Mrs. Robb, and Miss Palmer as her associates. Miss Davis accepted the chairmanship with the distinct understanding with her committee "that something would have to be done," and the success of the JOURNAL to-day stands as a result of the work of that committee.

In organizing a stock company of a few individual members of the alumnæ the committee acted with the full knowledge and endorsement of the association. The work was done for the association, the magazine was established as the official organ of the association, but the actual legal ownership had to be in the hands of the few individual members of the association who had advanced the capital, with the understanding and belief that when the Associated Alumnæ should have gained in strength, both in members and experience, it would be able to reimburse the stockholders for their actual financial outlay, and take over the management of the magazine as a part of the association's work.

There are some plain, hard facts to be considered in connection with this question. Financially, the Associated Alumnæ is no better equipped to-day to buy the JOURNAL than it was in the beginning to start it. Last year it had a deficiency in its treasury.

Individually the members of the Associated Alumnæ have shown a peculiar lack of professional responsibility for the JOURNAL's support. The subscription list is smaller in proportion in the great alumnæ centres than it is in the country

at large. The JOURNAL has grown to be a much greater business undertaking than its most sanguine promoters ever anticipated. Its successful management is quite unlike the ordinary work of an *alumnæ* association. It requires a knowledge of business methods, of the laws of incorporation, of the United States postal requirements, and of the special methods of conducting a JOURNAL on competitive lines.

THE AMERICAN JOURNAL OF NURSING is not just our own little magazine. It has a place and has become a power in the journalistic world. All of these facts must be taken into consideration by the local *alumnæ* associations and by the Associated *Alumnæ* at the next annual meeting in May, for it will be remembered that it was voted at the meeting in Boston last year that the question of *alumnæ* ownership should be settled this year.

It has been stated in these pages repeatedly that the stockholders stand ready to fulfil their moral obligation to the Associated *Alumnæ*, but each year of delay increases the financial value of the magazine and makes it more difficult for the association to meet the situation.

The question is more than "Shall the Associated *Alumnæ* own the JOURNAL?" It is, "How much money will each local *alumnæ* contribute towards the fund to be raised that the Associated *Alumnæ* may buy the JOURNAL?"

Miss McIsaac has touched a very weak spot in the situation in her open letter to *alumnæ* associations when she shows that each year the voting power of the Associated *Alumnæ* is in the hands of an entirely new set of delegates, who cannot know what has been done at previous meetings, nor be expected to deal with such knotty problems as the JOURNAL. Her suggestion should be considered by the By-Laws Committee, and perhaps a plan devised by which delegates could be appointed to serve for one, two, and three years, so that there would always be one new delegate to learn and two experienced ones to act. That would place the controlling vote in the hands of women familiar with the action taken at the previous meeting, and after three years these delegates would be a much greater power at home and the Associated *Alumnæ* membership of a much more stable character.

With State registration giving to nurses a legal status, the problems of the future will be more difficult to solve than those in the past have been. The responsibility of our action will extend outside the limits of our own organizations into the realm of State education and public hygiene. If we are to continue to advance, we must demonstrate our ability to meet these new requirements, whatever they may be, and we shall need our JOURNAL in the future even more than we have needed it in the past. It has become a great educational factor, and in whatever way its future management may be decided, there should be no risk taken that could create financial complications that would curtail or dwarf its development.

It should be borne in mind that the "Committee on Periodical" did its work for the Associated *Alumnæ*, and the time has come when the *alumnæ* should show its appreciation of the work of the committee by making a tremendous effort, reimbursing the stockholders and THE AMERICAN JOURNAL OF NURSING Company for their outlay, assuming the management and financial risk as an association, or relinquish all claim to the JOURNAL and allow the present owners, who are all *alumnæ* members, to carry on the business of the magazine as an independent enterprise.

THE OFFICIAL DEPARTMENT.

THE letter on another page signed "L." leads us to speak of a matter that has given us some thought of late, with the increase in official material that comes to us each month for publication.

Turning back to our first editorial comment in the October number, 1900, we find the following: "It will be the aim of the editors to present month by month the most useful facts, the most progressive thought, and the latest news that the profession has to offer in the most attractive form that can be secured." This policy has been followed up to the present time, and the contents of the magazine have shown the trend of nursing development during the past three and one-half years. During this time organization work in all of its branches has been the most important line of progress, and unlimited space has been given to the subject in our pages.

This letter is not the first suggestion of dissatisfaction that has reached us. We have heard murmurings from time to time of "too much fine print" in the JOURNAL, too many reports, too little of practical nursing, too much foreign news, too many pages of editorial comment, but few of our critics, unlike "L.," have suggested anything more interesting in place of the feature they object to.

We are inclined to think that "L." is right in what she says about the local reports, unless a society is doing something original, or has really valuable results of work accomplished to show. It is a subject that might well be discussed at the Associated Alumnae meeting in May.

There seems to be growing demands for more practical information on nursing subjects, and there are fields of social, educational, and preventive work opening up, with which nurses are closely affiliated, demanding space in our pages.

The "fine print" is used to economize space and is nearly twice as expensive as the larger type. Very few two-dollar journals give more than sixty-four pages. This magazine rarely issues a number with less than eighty pages, and several numbers in the year run over that figure.

The aim of the JOURNAL is to meet the demands and requirements of the nursing profession, and by the profession is meant the great masses, and not the far-advanced thinkers among nurses. The world is led everywhere by the few bright minds, but it is fed by the work of the multitude. The JOURNAL strives to lead, but its greatest work is to so guide, direct, and concentrate the work of the greater body that the individual may profit by the work of the whole.

In a technical magazine of this character each number is made up from what "the profession has to offer." We want material, and interesting material, and we are able to pay moderately for it, but practical nursing methods must come from nurses engaged in practical nursing work, and yet these women rarely contribute to our pages, although they are quite free to criticise the JOURNAL for its lack of practical suggestions.

Before the end of the year the directors will take up the question of giving so much space to official reports of societies, and we are open to suggestions along these lines.

THE NEED OF WISE HEADS

So it will be seen that women of calm judgment and experience will be needed more than ever before at the coming Philadelphia meeting. Delegates are sent by the association they represent to work, not for a pleasure trip, and every

such delegate should study the reports of previous meetings and be prepared to act intelligently upon all questions of unfinished business, and not consume precious minutes by asking needless questions. School and sectional lines should be eliminated and every problem judged of from the professional standpoint.

A CONFERENCE FOR VISITING NURSES

AN announcement of great interest to nurses is made by the president of the National Conference of Charities and Correction, Jeffrey M. Brackett, Esq., of Baltimore.

This conference holds its thirty-first annual meeting this year in Portland, Me., for the week beginning June 15. For the benefit of any who may not be entirely familiar with the work of this uniquely interesting gathering, it may be said that its purpose is to bring together workers in various forms of social service, and men and women from every part of the country who are either engaged prominently and actively in social reform, or are interested in its progress, to have a share in the proceedings. The subjects considered are the problems of poverty and suffering, of organizing charities and providing relief, of caring for destitute children, and many others.

They are treated in the usual way,—by addresses and discussions,—but what will render the conference at Portland of particular interest to nurses is the fact that the work of visiting and district nurses is to have its own place in the programme of the conference, and two special meetings have been arranged to consider this work. These meetings are appointed for Tuesday evening, June 14, and Wednesday morning, the 15th, in the parlors of the Falmouth Hotel. The programme for the two special meetings will be arranged by a committee formed of several leaders in instructive visiting nursing, and all those engaged in this work and interested in it in any way are urged to be present. Mr. Brackett, the president of the National Conference, will reach Portland in time to attend these meetings, and will do all in his power to make them successful.

There can be no doubt as to the ultimate success of this plan.

The work of the visiting nurse brings her daily into close relationship with those engaged in all the various other forms of social work, and a knowledge of their scope and purpose becomes necessary in order that they may be mutually helpful.

There will be special rates from transportation companies and reasonable rates from hotels. Portland is an interesting old New England town, beautifully situated on the coast and near the White Mountains. The middle of June is perhaps the most delightful time of the year. It is hoped that many nurses will be present, and it is possible that this might be just the time in which to establish a national society of district nurses. With sixty or more such institutions, with some hundreds of nurses, and new and growing opportunities for special work in these directions, it may be that the psychological moment has come.

THE ELLEN ROBINSON FUND

IN the Personal column will be found a letter from Miss Rose, taken from the Illinois Alumnæ report, in which she tells a story of an accident to one of their members quite unparalleled in our experience among nurses, and most heart-breaking when we think of one who has prepared herself to serve, young, with a

strong body and a vigorous brain, being doomed to a life of inaction and dependence.

We are told that Miss Robinson's courage has been heroic from the first; that before the dressings had been entirely removed from her right hand she was using a pencil, held between the bits of stumps of the two first fingers, and that she helps herself with great ingenuity, even in this short time.

The members of the Illinois Alumnae, with the coöperation of the Training-School Board of Managers and many citizens and physicians in Chicago, have raised a sum of money, already amounting to nearly ten thousand dollars, which is to be placed in trust for Miss Robinson during her life. Fortunately she has no one dependent upon her for whose future she must feel responsibility.

The alumnae have made no public appeal, and the money contributed has come through the personal efforts of the nurses and the men and women interested in the Illinois School, and the result is a splendid evidence of the esteem in which the Illinois School is held in Chicago. Miss Robinson has the tender sympathy of the great nursing profession of which she is a member—"once a nurse, always a nurse."

PROGRESS OF REGISTRATION

MARYLAND.

WE understand that the Maryland bill for the registration of trained nurses has passed the Legislature unamended and is now in the hands of the Governor.

MASSACHUSETTS.

The Massachusetts bill has been somewhat amended, but not to detract from its value, and is still before the House.

IOWA.

Miss Estella Campbell, president of the Graduate Nurses' Association of Iowa, has written us a long letter, "not for publication," in which she expresses the opinion that our criticisms in the March JOURNAL were needlessly harsh, and gives the following facts in explanation of Iowa's action. She says: "Being aware of the necessity of legal authority, a committee was appointed to consult lawyers *thoroughly acquainted with the work* (italics are ours) and have a report to submit at the State meeting. Seeing that the *bills passed in other States* provided for Examining Boards to *consist of doctors*, these attorneys advised that the examinations be left in the hands of the Board of Medical Examiners for the first two years, assuring the committee that it would not be a hard matter to change the bill, once passed, and have our own Board of Examiners."

It seems that in the discussion of the bill the majority of the nurses were in favor of a Board of Examiners composed of nurses. For want of time the matter was referred to the Legislative Committee with power to act. The members of this committee were Miss Long, superintendent of the Mercy Hospital, Des Moines, graduate of the Mercy Hospital, Chicago; Miss Rogers, graduate of St. Luke's Hospital, Davenport, Ill.; Miss Grace Morton, graduate of the Illinois Training-School, with the president of the association. This committee saw fit to change the sections in the bill relating to the Examining Board, cutting out, as we understand, the provision for a board of nurse examiners and substituting the board of medical examiners.

Miss Campbell says, further, that the bill is now in the hands of Senator Young, of Washington, Ia., and "that it will not reflect unfavorably in any way upon the nurses of Iowa either from the standpoint of intellect, honor, or loyalty."

We are rejoiced to know that the nurses as a body stood for a board of nurse examiners. We feel justified in saying, however, that the Legislative Committee, to which was entrusted this most vitally important work, showed itself to be uninformed of the action of nurses in other States, and of the "great principles involved" in the registration movement.

It would be interesting to know what influences were back of these legal advisers. North Carolina is the only State having medical men on the Board of Examiners. This board is composed of two physicians and three nurses. In every other State where a bill has been passed the examiners are nurses.

Our further criticism is that of undue haste. The Legislative Committee of the Iowa nurses, according to the letter of the president, was not properly instructed, and was too ready to be advised as to what was best for nurses by people outside of the profession.

Better to be ten years in getting a good bill than to have to accept one like that of Iowa.

We cannot feel, in the light of Miss Campbell's letter, that our criticism in March was too severe, but we admit that it may have been directed towards the wrong persons. The bill remains a most unfortunate measure.

MEETINGS

ANNOUNCEMENTS of the annual meetings of the New York State Nurses' Association and the Associated Alumnae are found in the Official Department. The business before both of these associations is of importance to the profession.

THE BERLIN CONGRESS

NURSES going to Berlin should not fail to read Miss Dock's announcement in the Official Department.

NEW YORK STANDARDS

WE call the attention of our readers interested in the standards of education for training-schools to the circular issued by the Regents of the University of the State of New York, found on page 549. It is to be borne in mind that this is the minimum upon which the standards for the future are to be based. We reserve comment until a later issue.



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NO. 8

THE TENT SYSTEM OF THE BOSTON CITY HOSPITAL

By IDA WASHBURNE

Boston City Hospital

It is evident to the most casual observer that the love of outdoor life by the American people increases with each year. To prove this statement we have only to look back at the past summer and see that even with the wonderful advance which has been made in transportation it has been almost impossible to keep pace with the demands of the public. Crowded cars and boats give ample testimony of this. Numberless summer homes have been built where once was the unbroken forest or the lonely shore.

A vacation is no longer a luxury, but a necessity, and the practical business man realizes this when he plans a two-weeks' rest for each of his employés. The numerous fresh-air funds, country homes for convalescent patients, and floating hospitals all point in the same direction: an outdoor life for a time, be it shorter or longer, for everybody.

Realizing the benefit to be derived from such a life by people suffering from certain diseases, as tuberculosis, many States and municipalities, as well as private corporations, have organized sanatoria for their care depending almost entirely for treatment upon fresh air added to proper diet.

That this element enters largely into the treatment of those persons suffering from nervous diseases, as well as the insane, is a well-known fact. History records that as early as 1854, in some of the stations of the Austrian army in Hungary, the plan was commenced of treating a portion of the patients under tents instead of in the permanent hospitals, and this was continued from spring to the end of autumn with very satisfactory results.

Patients were allowed to remain until quite cold weather, and it was found that when the thermometer fell to freezing-point at night no bad results followed, and, singularly enough, the men themselves, many of whom were severely ill, declined the offer of removal to the hospital.

Dr. Kraus, an Austrian military surgeon, in his records of 1861 speaks of the excellent results following this treatment, especially in cases of typhoid, smallpox, and gunshot wounds, and strongly advocates the use of tents for field hospitals in war.

The usual objections raised, that tents are too hot, too cold, too exposed, or likely to be wet, he considers to be of no practical value.

During the War of the Rebellion the example set in Hungary was followed on a gigantic scale, as the tent hospital was established under a great variety of conditions, and that it gave much satisfaction is evident by the strong commendation of the Surgeon-General of the United States Army, Dr. William A. Hammond.

What, then, can be done for the patients in a large city hospital during the summer months?

An answer to this question may be found in a brief description of the tent system which has been used from time to time at the Boston City Hospital.

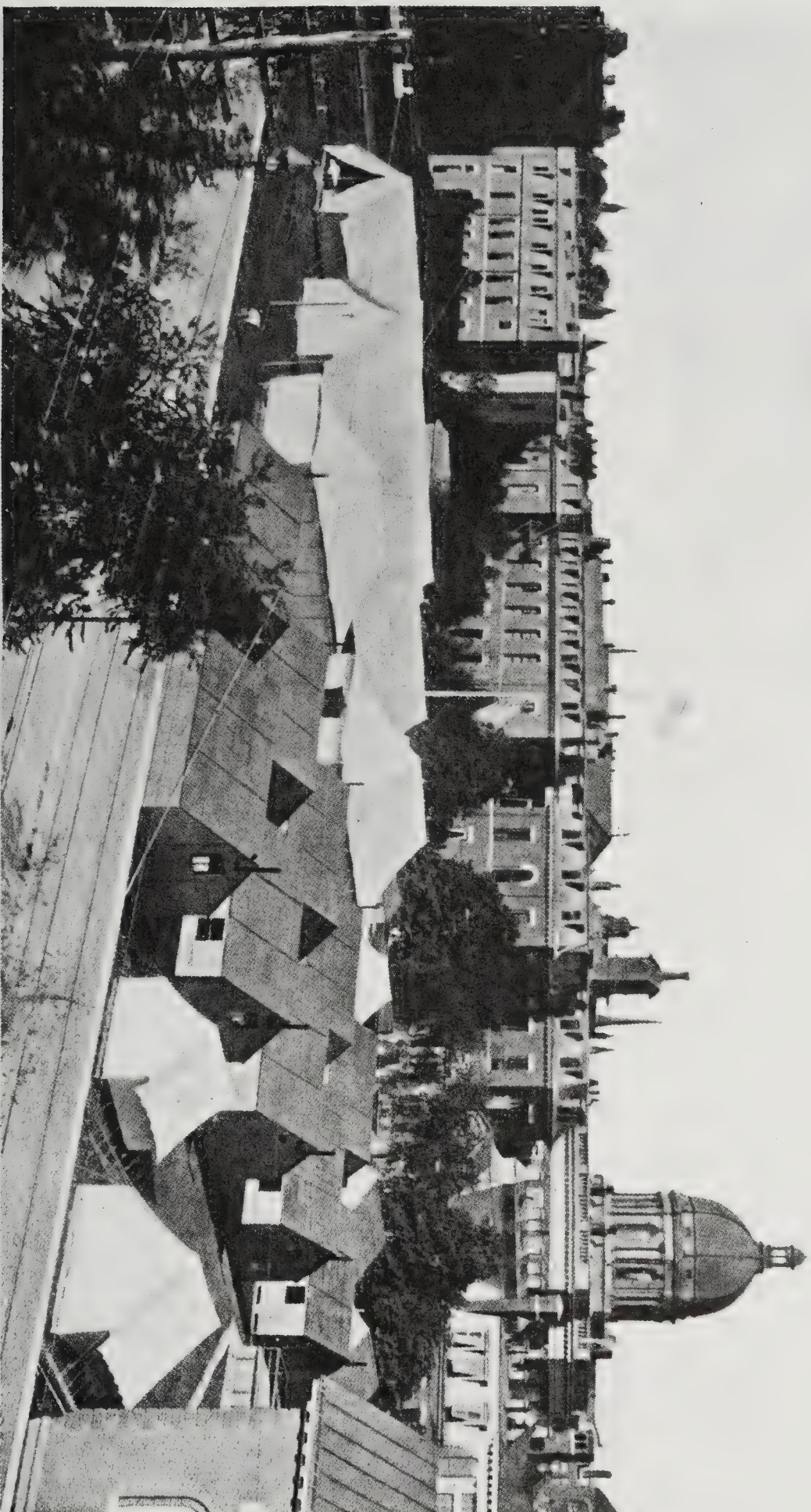
The hospital is the fortunate possessor of a space of sodded land about four-fifths of an acre in extent, bounded on the north by the hospital buildings, with the two homes for nurses lying to the southwest, while to the east are huts for the isolation of suspected cases of smallpox.

There are large and small tents, connected by platforms—a tent for the head nurse, one for commissary purposes, a marquee, and lavatory—accommodation in all for sixty patients, medical and surgical.

In the main the appointments are the same for either service. The bedsteads are of iron, and the bedding is the same as that used in the wards. In fact, when the first transfers were made from the hospital the patients were brought out on their mattresses placed upon trucks, so that they were disturbed as little as possible. The surgical tent is distinguished by its car for supplies and dressing-tables.

The patients are furnished with bedside tables and chairs. There are the usual screens, chart-holders, card-racks, and, in fact, all the appurtenances to which both patient and nurse have become accustomed.

The head nurse's tent combines an office and linen and supply closet. It is fourteen by fourteen feet, and is furnished with a desk, tables, lockers, and shelves for supplies. All linen from the laundry is brought here, folded, and kept for use. There is a telephone, and this tent, like all the others, is well lighted with electricity.



EXTERIOR VIEW OF TENTS FOR SOLDIERS, 1898



EXTERIOR VIEW OF TENTS, BOSTON CITY HOSPITAL

The commissary tent is also fourteen by fourteen feet, and is furnished like the service room of a modern hospital in so far as is possible. Shelves for dishes, a sink with hot and cold water, oil-stove, refrigerator, and table for serving diets complete the appointments. The diets are brought from the hospital kitchen in covered tins and are served to the patients as quickly as possible. The sanitary arrangements are contained in a wooden structure which is screened from view and divided into toilet-rooms and lavatory proper, the latter containing ward crockery and disinfectant solutions. It is provided with a good supply of hot and cold water.

Last, but not least in point of popularity, is the marquee, which serves as a sitting-room for convalescent patients. Many pleasant hours are passed there in reading and playing games.

It has been found that the regular routine work of the hospital can be carried on as easily in the tents as in the wards. A force sufficient to carry on the work, systematically arranged, consists of a head nurse to take entire charge of both departments, a senior nurse, two junior nurses, and two orderlies for the day service of the surgical department, and the same for the medical department, together with a senior nurse and two orderlies by night. A porter, a wardmaid, and a woman to wash the floors and care for the lavatory are also requisite. Bedmaking, sweeping, dusting, patients' toilets, serving of diets, and giving of all treatment follow in the accustomed manner.

The general health of the nurses improves very much, and it has been the policy to let as many as possible enjoy the benefit of a few weeks of tent life. As they themselves say, it is almost like having a vacation. They wear the Training-School uniform, but are provided with sailor hats.

While the same deportment is expected as in other parts of the hospital, there is an especial air of cheerfulness pervading this department, showing the beneficence of sunshine and pure air. Among the patients an air of comfort prevails, and while it is not possible here to state exact results, it is safe to say that sufficient benefit is derived to more than justify the outlay.

Typhoid patients have in almost all instances convalesced rapidly, while surgical cases have proved anew the old doctrine that pure air is required for the prompt healing of wounds.

A practical side of the subject also is, that by the removal of patients from two wards to the tents an opportunity has been given to renovate in succession five wards of thirty patients each during the summer months, making fresh accommodations for one hundred and fifty patients.

A hospital having this tent system at its command is ready for an

emergency; as, for example, during the Spanish-American war in August, 1898, the hospital was notified on Sunday to prepare for two hundred and two soldiers who were to arrive on the following Thursday. This was accomplished, although it involved labor at the rate of two hundred days for one man. This number of soldiers was cared for in tents until October, when they were removed to huts for warmer shelter, where they remained until the famous blizzard which visited the whole North Atlantic coast in November, 1898.

It was observed during the war that the largest proportion of recoveries was made by those patients treated out-of-doors, in tents and under trees; the next largest, those who were cared for in farmhouses and barns, while the smallest was of those who were taken to the large hospitals. From these observations we may draw our own conclusions.

About the middle of September the patients are returned to the wards and the tents removed. It is hoped much lasting benefit has been received, and that each patient may have many pleasant memories of his summer outing.

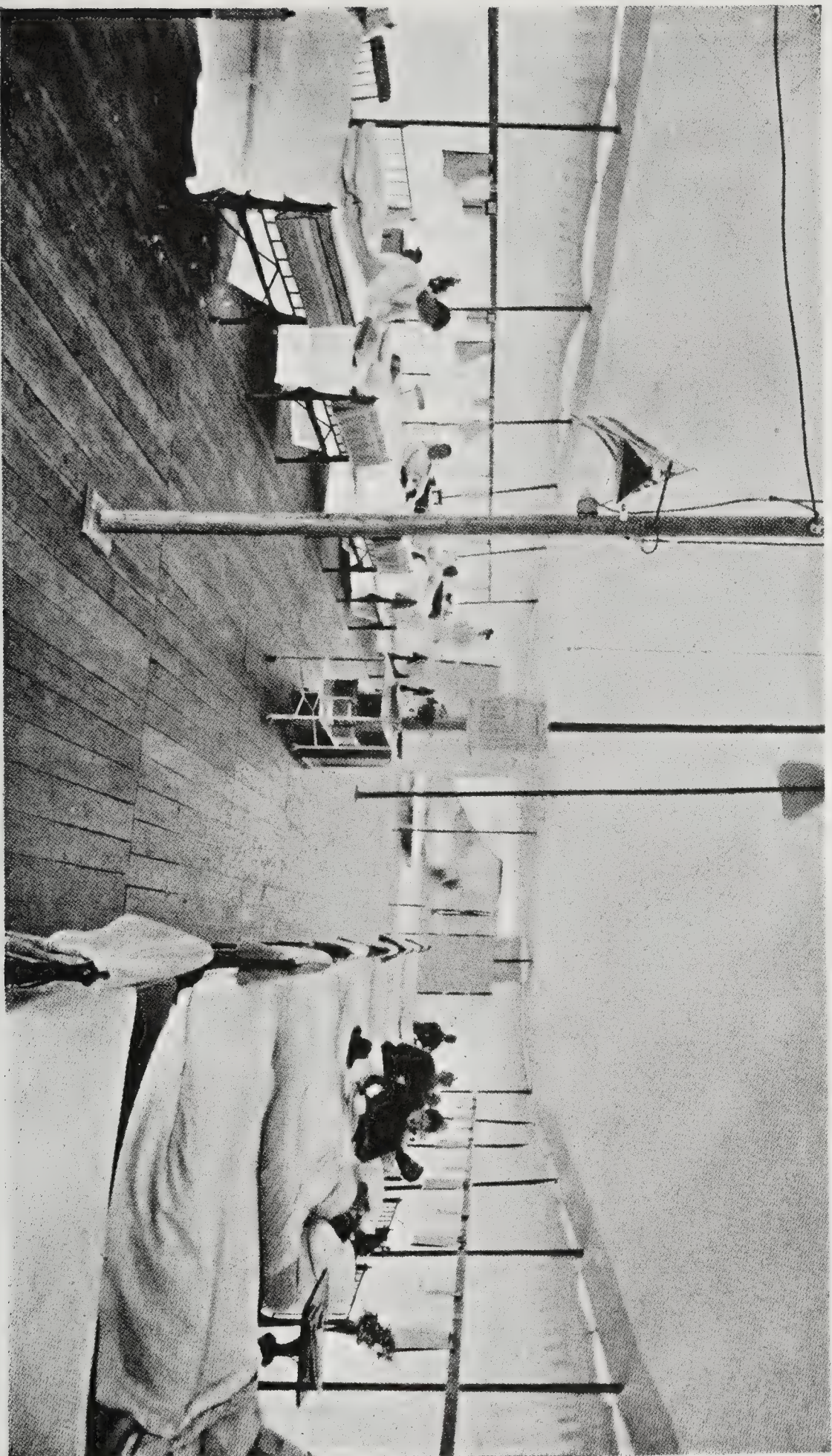
THE TRAINING OF BABIES

BY KATHARINE DEWITT

Graduate Illinois Training-School for Nurses

NURSES who care for children or who take obstetrical work come much in contact with nurse-maids and often work with them day after day. This may be made a very pleasant relationship if there is goodwill on each side, but it sometimes fails of such a result, either because the nurse is dictatorial or tactless, or because the nurse-maid resents having anyone else in command and is determined not to be interfered with. Whenever we are brought into such a position, it rests with us, as having, supposedly, a broader point of view, to do everything in our power to make the wheels move smoothly, to give the nurse-maid consideration and kindness, and to relieve her as much as possible of the harder tasks, that she may be rested and able to go on by herself when our time has come to depart. It is a great mistake for the nurse to assume that she has all to teach and nothing to learn. A good, conscientious nurse-maid can often teach us many things, and we should not insist upon her doing things in our way if hers is just as good, though different.

In obstetrical work I am often called upon to teach a nurse-maid my methods, and it is a most delicate task. An old, experienced nurse-maid will often agree to all I suggest, and will care for the baby as I



INTERIOR VIEW OF TENTS

do while I am with her, but will immediately revert to her old ways as soon as my back is turned. The most satisfactory pupil is a young girl who has never before done such work, or a maid who has proved herself faithful and capable in other lines, but who is trying the care of a child as a change. I once asked a nurse-maid who had been working pleasantly with me for several weeks why so many of her class dislike trained nurses. She seemed embarrassed, and hesitated for a moment, then replied: "Well, so many trained nurses spoil the babies. They are not going to keep on with them, and they don't care." I could believe this true when I recalled having heard many a nurse say, "I love babies, but I just can't leave them alone," or the remark of a young mother, "Miss Blank takes good care of me and I like her, but I have to begin to break the baby of its bad habits as soon as she goes." It should be a matter of pride with us to leave our babies comfortable, happy, and well-established in the best of baby manners.

There is no question so frequently put to me by younger nurses as, "What do you do for a baby when it cries?" It always amuses me a little, for it is equivalent to asking, "What do you do for a patient who is uncomfortable?" and every nurse knows that the answer to this is as various as the source of the discomfort.

There are three great requisites to a baby's comfort—it must be well-fed and warm and dry. A baby whose food-question has not been settled cannot be happy or good, and no one need expect it. But if these three wants are filled, the baby should be content with life if the parents are willing to have it left alone. My observations convince me more and more that the overwrought, crying, wakeful babies have not had a fair chance in life. No baby is naturally "bad" or "cross."

One cannot be too careful in holding to the monotonous round of sleeping and eating, with only its dressing and undressing for exercise and excitement. To be held too long, to be in a bright light, and, above all, to be talked to and coaxed to smile are an immense strain upon its new little brain, and it takes a long time to settle down afterwards sufficiently to go to sleep. One enthusiastic young father of my acquaintance wrote out a set of "Johnnie-rules" and hung it above his son's crib. One was, "His ears are new, do not shout at him."

I like to have the flood of relatives and friends get the first glimpse of the baby in its bed, in another room than the mother's, during the first week, while it is still rather deaf and blind and not easily disturbed. Then, later, when its faculties are awake and acute, it can be left alone, and no one's feelings are hurt. If a baby must be seen for a moment, later, it should always be before a meal, for there should be an invariable rule that after eating it is to be put quietly to bed, to go to sleep, if

possible, and when this is done from the first there is seldom any trouble.

But suppose it frets after being put in its crib, what then? The diaper is probably wet, and it can be changed without taking the baby up, or there is a little gas which will not dispose of itself, and the baby must be held over the nurse's shoulder and gently patted to dislodge it. Then there are always wrinkles to be thought of, its clothes so easily get into ridges and bunches, and these must be made perfectly smooth. Sometimes a little milk has trickled from its mouth and has formed a damp, disagreeable spot under its cheek, sometimes a corner of its own or the bed's clothing touches its lips, suggestive of another dinner, and it is hunting around to find it and will be much obliged to you for removing the tantalizing suggestion. Sometimes a change of position diverts it from its trouble, sometimes a hot-water bag placed at its feet or at its stomach, outside of its clothes, is a comfort. If, after trying all your arts, sleep still seems afar, a drink of water is refreshing, but that too should be given while the baby is in bed. You can hold the bottle comfortably for it and let it take as much as it will if sufficient time, three-quarters of an hour, has elapsed since its last meal.

Sometimes a baby is crying merely because it is sleepy, and a very few minutes more will be enough to send it off; but the nurse must learn to interpret very wisely, not to let it suffer any discomfort which can be relieved, and not to be so assiduous in her attentions as to keep disturbing it as it begins to feel sleepy. At night it is better to keep the light as low as possible while attending to the baby, and to put it out entirely as soon as it is not needed.

There should be some means of good ventilation, for sleep in cool, dark rooms is sounder and more refreshing. Fresh air will not hurt a baby that is well covered and screened from draughts. If you watch the thermometer, and regulate the baby's covers by that, it will be much safer than to depend on your own variable feelings.

Regular hours for feeding are now so well established and are so generally acknowledged to be essential to the baby's good that I need not dwell on them. One exception which is sometimes made is in the two A. M. nursing. If after the ten P. M. meal the baby is inclined to sleep no longer than four hours, the habit may be encouraged, though it entails a little readjusting of the morning meals in order to get back to schedule time once more. Some babies absolutely refuse to eat at ten P. M., though they are taken up regularly and offered food. After faithful trials, it is better to let such have their long nap from six P. M. on, though this is not so good an arrangement for the nursing mother, and she must always be considered.

It is well for the nurse not to make too great a splurge at the start about "training the baby." In the first place, she may not succeed, and then her discomfiture will be great. Not all babies are amenable to training. Methods which succeed with one may fail with another. In the second place, the word "training" suggests to many people hours of crying on the part of the baby and of callous indifference on the part of the nurse. If the training can be carried on so easily and naturally that no one knows it is being done, the mother is spared any uneasy moments.

The more one has to do with babies, the more she comes to learn their ways and to interpret their desires. It is an art which cannot be wholly communicated to another, but to one who loves them there is a great pleasure in learning to interpret their signals of distress and to bring content out of trouble. It is a satisfaction, too, when one returns to a family to welcome a second baby, to find the first one with regular habits, going happily to sleep by itself, and free from the fretfulness which comes from overwrought nerves.

(To be continued.)

COÖPERATIVE LIVING FOR THE PROFESSIONAL NURSE

By MARY T. ECKERT

Graduate Boston City Hospital

For years this question of how to get the most and the best at the least possible cost has been a problem that a few nurses only have solved to any degree of satisfaction. From time immemorial it has been the natural inclination of man to make for himself some abiding-place where he can find refuge and shelter from without and pleasure and comfort from within. And that dwelling-place, whether it be made of turf, wood, or stone, we call home. What the word "home" signifies none know better than the professional nurse in private work.

While in the hospital, if her mind and heart are in her work, its interests are hers to the extent that she becomes an integral part of it. Swiftly enough, the weeks and the months roll by, till finally there comes that day in which the summons comes to "go up" and receive her reward in the well-earned sheepskin and black band.

The majority of nurses after they are dubbed graduates separate themselves from their school. A great many, and perhaps most, nurses have very little ready money at their disposal when they leave the hospital, and the question of how to get the most and the best at the smallest possible cost becomes a very weighty one.

The great majority of nurses go in twos, and the first thing of importance that presents itself is the need of a dwelling-place, so they go forth with an inward feeling of fear and trembling, up one street, down another, in their search for some place to hang their hats and for the time being call home. After considerable wandering about and interviewing of various would-be landladies, they finally spy in one of the bay-windows of one of the long rows of brick houses a card with these words, "Square Room to Let." In they go, climb up two or three flights of stairs, as the case may be, and at the rear of the house is the "square room." Square it is—square walls. Its northern boundary is a folding bed and a square wall; its southern boundary square wall and mantel; bounded on the east by a square wall and closet door, and the west by square wall and door of egress—four square walls covered with a bewildering flower and of a color peculiar to cheap paper. The horror of those four square walls is with me yet. I never see the card, "Rooms to Let," but I feel as if I had seen a ghost. We paid four dollars a week for the privilege of looking at those four square walls and the "wrong side" of a fifth wall.

It is a narrow, unhealthy way to live, unhealthful for mind and body alike. Among the unpleasant things of living in one room is that of meals. You have no regular dining-tables; you get your meals wherever you happen to be—sometimes in a restaurant, sometimes in a boarding-house, and some nurses become "paper-bag lodgers." To live, eat, sleep, and drink in one room is just about as bad a state of affairs as can be, and yet there are a great many nurses that do just that, many of them because they are forced to it and can't help themselves.

To keep up the "strenuous" life of a nurse—and a strenuous life it certainly is—they need when they are off duty a nice, comfortable home to go to, a place that will give the advantages and comforts of a home-like way of living to as great an extent as possible; in other words, the most and the best that can be had at the smallest possible cost. The secret in a nutshell is coöperation. Now, as never before, coöperation is the order of the day. There are a great many that will say, "Well, I don't want to get in with a crowd of nurses." Very good, it is not at all necessary; the city is large and there are hundreds of houses in it. But I am inclined to think that many of us start out with a wrong idea when we wish to be alone, comparatively speaking. It is well for us—for most of us, at least—to live with others. It teaches us, if anything will, consideration and toleration for each other; then too the advantages socially and mentally of living with others are something, for it is only by coming in close contact with others that we learn to know ourselves.

I am not sure that I approve of a large number of nurses living together in the same house. I am inclined to think that coöperation in small bands of nurses is far more desirable. I have in mind a half-dozen nurses who think and feel they have hit on the best way for the majority of nurses to live. The fact that they have practised their method for five years, and that vacancies occur only through causes such as sickness, marriage, etc., is to my mind proof that it is a good way. Five years ago as a venture they took a suite of six rooms and a bath. They had all their goods and chattels moved in and are living there still. Among them all they had various pieces of furniture, but not enough to furnish the suite entire. Some household things, such as dining-table, chairs, dishes, cooking utensils, napkins, towels, curtains, etc., had to be purchased. The things were gotten, and each one of the six paid a sixth of the whole, so that it was not a heavy bill for anyone. The suite had to be leased in the name of one person, but on the coöperative plan, everything being equal, each one of the six is as responsible for the rent of the suite when the first of the month comes around as the other.

They have a "strong box" in which the household money, receipts, bills, etc., are kept. It is an understood thing that each nurse before the first of every month comes around sees to it that her sixth of the whole is in the "strong box;" then the nurse who happens to be most conveniently at hand makes up the rent and receives the receipt. When any extra cleaning or washing of windows and curtains is done the bill is paid by whoever is in and the whole divided by six, each one of the six paying her share.

The home atmosphere in the suite is such that everyone coming in notices it and exclaims, "How lovely!" "What good times you must have!" "If I were here, I shouldn't ever want to go on a case." "Can't you make room for me and let me come and live with you?" and so on.

They have a reception-room, a sewing-room, a den, a bedroom with a real bed in it, a dining-room, and a kitchen in which some delicious dishes are concocted. All these rooms open off one hall, at the end of which is the bath-room, nice and warm all the time and with plenty of hot water.

No one of the six has any particular room, but all have the same rights and privileges in every room. Furniture, pictures, and all such are placed where they look the best and give the most pleasure. When two or three are in they have splendid times keeping house. When it has been decided what they will have for meals, one goes out and does the buying, another gets the meal, while the third acts as her assistant, and so on, each one in turn. At night what each one has spent for the

household is added up and divided by the number of persons concerned. Everything being done in combination, each one's share seems light, and the pleasure and relaxation from doing a little home-like housework is a recreation.

They have a gas-stove, and every one of the six can get a meal fit for a king. Being amateurs, they sometimes make mistakes, as, for example, one day they were having broiled chicken. The cook and her assistant took great pains to have everything very elaborate, but, they forgot to singe the chicken. I leave you to imagine their amazement and chagrin when the party of four sat down to the table to find every hair standing out on that chicken as if it had been charged with electricity. An invitation to a tea, lunch, or Dutch dinner at this suite is hailed with delight by the recipient.

In the harvest season they revel in a barrel from their country friends filled with apples, potatoes, squash, and a pumpkin or two, and that reminds me of their pies. Such delicious pumpkin pie I haven't eaten since my childhood—made on the coöperative plan too. You think nothing of eating a third of it at one sitting and wish you had more.

Then with the Christmas boxes from home filled with jellies, fruit-cake, and canned fruits you literally live on the fat of the land, not to mention the deliciously fresh eggs that often find their way from the country to the suite.

I hope that what I have written will induce other nurses to follow the example of my friends. A few congenial souls banded together make living pleasanter, stronger, and cheaper. And if, as sometimes happens, you are forced to play Mr. Micawber, you will find it much pleasanter all around to play the part in six rooms than in one.

THE TRAINING-SCHOOL OF TO-DAY

BY CLARA B. CAHOON

Graduate Bellevue Training-School, New York

NOWHERE are the sins and shortcomings of the individual worker so visited upon all members of a profession as among trained nurses. Truly the public is often most unjust in censuring the whole body of graduates for the mistakes of an individual member. Oh, that they were as ready to credit all with the virtues of each. We can best counteract this prejudice by insuring the highest standard for each member.

The first and greatest need of the profession of nursing to-day is such care in choosing and admitting probationers, and such a broad and uniform curriculum, course of study, and hospital experience, that the title "graduate nurse" may represent as nearly a uniform product as the individuality of those trained for the work permits. If the small, special, and private hospitals find it to their advantage to establish training-schools instead of paying graduates to do their work, they owe it to the nurses they train to so interchange with other hospitals as to give, in their course, practical training and experience in every branch of nursing—medical, surgical, gynæcological, obstetrical, eye and ear, contagious diseases, care of children, care of insane, etc. We owe it to those self-same nurses and the public whom we serve, as well as to our profession, to see that they do so. They have no right to take three of the best years of work out of those girls' lives unless they are prepared to give them, in return, the thorough training which they promise and which their diplomas represent. Do I hear you say, "We have nothing to do with that. It is a matter between such hospitals and the probationers whom they admit. Their graduates must look out for their own interests"? You forget how little they know, when at first they enter, of the difference in the advantages offered by the various schools, and of what a broad and thorough course of training means. You forget that the fact of having been in one hospital makes it very hard, if not impossible, to gain admission into any other. When they discover how inadequate is their course of training, they must give up the work entirely, risk constant danger of meeting emergencies for which they are not prepared, or take up such post-graduate work as is required to round out and complete their training in every direction.

"Even if a man has nothing to do but turn a grindstone or sweep streets, he had better be educated."

How frequently we hear, even among physicians, the phrase, "The case was a light one. She was not sick enough to require a trained nurse. Most anyone could take care of her." How often these same cases, so light in the beginning, develop into most dangerous diseases. What is more discouraging than a call to the typhoid patient who has been cared for by "most anyone" until too late? or more heartrending than the grief of the bereaved family at the realization that skilled nursing from the first might have saved the loved one? yet they do frequently realize it, no matter how carefully both physician and nurse try to veil the fact.

A reserve of knowledge and ability is just as essential as a reserve of strength. No one should habitually work up to their limit in any direction except in the quality of their work. Because the "unexpected"

more often happens in sickness than elsewhere, this reserve force is more necessary in medicine and nursing than in other professions.

Why seek the lowest standard of skill, which may be used for the hour, instead of the highest which can be obtained? Probably to save expense. How often it only increases it. There are many sick who are unable to pay the rates, which the public seem to consider exorbitant, while we find our income altogether inadequate for current expenses, the much-needed rest and recreation between cases, and funds for old age and the proverbial rainy day.

This demand is not satisfactorily filled by trained attendants or nurses from small hospitals, who are supposed to go at reduced rates because undertrained. For many reasons this system seems most unsatisfactory to such nurses or attendants, to the physicians and public whom they serve, and to graduate nurses. Their expenses are less than ours only to the extent to which their tastes and their standard of living are lower.

The only way they can offset this is to obtain cases so light that they can work continuously, without the rest between cases which we find indispensable to good work. As there are few demands of this nature among people of moderate means, who rarely send for a nurse except in extreme illness, they are constantly tempted to represent themselves as superior nurses and ask the highest rates, not only imposing upon a credulous public, but by inferior work bringing much criticism upon those to whom they pretend to belong. If we must have such a grade of attendants, may they be so distinguished that they cannot possibly pose as superior nurses. I do not see how this can be altogether prevented. If they seek the lighter cases, they must work almost entirely among the wealthy class, not only failing entirely to do the work among those of limited means, which is the only excuse for their training, but lessening the time the graduate can work by leaving for her only cases so heavy that she must take a long rest after each.

Again, the care required is regulated by the degree of illness, not by the length of the purse. Because the cases are more severe, the surroundings more difficult, the need of the highest skill is increased, not diminished, among those of moderate means. The physician is often perplexed in his endeavor to reconcile the needs of his patient and the finances of the family. In the larger cities this condition can be greatly improved by a thorough coöperation and understanding between the physicians and nurses, by the aid of hourly nursing, district nursing, settlements, hospitals, and other organizations, and by the establishment of a sick fund to which the patient shall pay what he can afford when in need of skilled nursing, through which we can give something

of our time and skill or make a reduction in fee without danger of lowering the rates.

Mrs. Livermore says, "It is necessary, I think, in order to be a good nurse, to be a little better woman than if you were to be a wife, a teacher, a minister, or to occupy or fill any one of the other positions that are open so plentifully and abundantly to woman at the present day."

She should have infinite tact, and be "tender, kind-hearted, self-controlled." Like a true soldier, she wants nothing but to be perfectly sure of her orders. To the doctor she gives explicit obedience and perfect candor. She inspires all who know her with perfect confidence. She has discrimination, quick, just judgment in minute things, perfect health, and a sunny disposition. "A good woman is the best thing God ever made," a good nurse the crystallization of all that is best and loveliest in womanhood, giving ever a predominant impression of character, not costume. She builds the greatest thing on earth who builds character.

"Destiny turns on character, and the upbuilding of that character should be the most cherished ambition" of every nurse.

"There is no royal road to liberty and largeness and happiness except that which comes from the perfection and exaltation of one's own nature."

Let no training-school be satisfied to graduate the same woman it admitted with the simple addition of technical skill and practical knowledge of the care of the sick, even if that were the very best, which it cannot be if her other powers have lain dormant during the course of training. It should look to the development along every line of all that is best and noblest in her, correct faults of health, morals, intuitions, carriage, manner, speech. She goes to you with the best intentions of gaining all possible knowledge and development from the long and arduous course of training. You demand of her, through three of the best years of her life, the most strenuous, thorough, and conscientious performance of every duty assigned to her and the strictest attention to every detail of her work. You reserve the right to dismiss her from the school at any time should she fall short of your standard. Nay, more, you owe it to your graduates to do so, rather than graduate one nurse who is a discredit to the school and whose life, work, and reputation is such as to injure those of high principles and sterling character who by loyalty to the same Alma Mater, by the conscientious performance of every duty, by industry, intelligence, application, observation, quickness, and discrimination have made the best of every lesson, lecture, clinic, and practical demonstration, improved every opportunity which came to them to fit themselves to go forth into the paths of sickness and suffer-

ing, "with healing and with hope." Does the school owe her nothing in return? Yea, verily! It owes her an equivalent for value received. It should train with some thought of the nurse as well as of the hospital. It owes each nurse a separate room. Every woman needs to spend some part of each day by herself; to be entirely alone and unobserved; to cultivate ease and repose of manner and habits of introspection; to be able for some part of each day to concentrate herself on any matter without danger of interruption. It owes her good, nourishing food, a comfortable home, and pleasant, home-like surroundings. It should care for her health and teach her to do the same. How often we see the finest pupils so broken in health by the course of training that they have never again the strength to practise the profession they have worked so hard to attain. The school which robs its pupils of health takes from them the foundation upon which all happiness and usefulness are built. In so far as it impairs the physical woman, it impairs the medium through which the highest life and work must ever be accomplished.

It owes her shorter hours of work, sufficient rest and recreation to keep the disposition sweet, amiable, and sunny and the mental faculties in the most receptive condition, that she may absorb and remember the largest possible amount of useful knowledge from her surroundings and develop herself along other than medical lines; time for out-of-door exercise, athletics, and the best possible physical development; time for reading, ready access to books of reference, and for intellectual growth.

"Blessed is she whose eye is serene, whose voice is gentle, whose heart is sweet, whose life makes happiness."

It should demand of her less of rush and hurry, give her time to turn aside for any little necessary kindness or assistance to a patient, even though it be out of the ordinary routine; time to show every courtesy to all with whom she comes in contact. Let nothing be too small or unimportant for a nurse to attend to, as "trifles constitute perfection and perfection is no mere trifle." She should learn this axiom early and practise it hour by hour through her training.

Instead of developing and fostering thus in her the hurry and pressure of work, more often make it impossible for her to follow the natural desire in this respect with which she entered the school. Quickness is essential, so are sympathy, smoothness, and kindliness of manner. Can we afford to sacrifice them all to the necessity of doing everything in a given time?

Each of us can recall one classmate who did everything she undertook quite as well as anyone in the school. Train each pupil to be thus careful of every detail. Let the individuality and tastes of each patient

be to her an open book of interest, from which she is constantly learning something new.

The most commonplace work is often spoiled by being done in a commonplace way. Keep ever before the student nurses the highest ideal, "The vision beautiful." Let the whole trend of the training-school life be to arm them with love and kindness, with service and sympathy for others, which shall put self out of their thoughts. May each remember ever that "It is easier to criticise the greatest thing sublimely than to do the smallest thing well," and that sickness shows at the worst both their patients and the homes into which they go.

Hang upon the study wall, that it may become engraved upon their hearts, a copy of the oath of Hippocrates:

"With purity and holiness I will pass my life and practise my art. Into whatsoever houses I enter I will abstain from any voluntary act of mischief or corruption.

"In connection with my professional practice, whatsoever I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept sacred."

Teach them promptness without hurry. Teach them to put themselves in the place of those they meet, and they must needs do ever the kind and courteous thing without effort. Teach them to make efficient assistants of the most incapable, that they may obtain sufficient rest without neglect of patients. Never permit borrowing, gossip, or carelessness. Train them in accuracy of speech as well as work and observation. Teach them to avoid the extreme of conscientiousness, and hypersensitiveness, which accompany overwrought nerves.

Admit only those who are well fitted and prepared for the work and give them a broad and liberal course of study, which shall be interesting to the last. Every school should have a post-graduate course, and assist its nurses in every way to keep up with the advance of the profession.

The school club should give the most restful and home-like life open to the private nurse—the maximum of comfort, interest, and pleasure at the minimum of expense. It will insure more intimate, direct, and lasting business relations than any nurse can establish for herself. The nurses preparing for private duty who can look forward to such a comfortable home and established business when her course is completed is saved much anxiety.

Any school with a sufficient number of graduates who will make it their home and pay to it the money they would pay elsewhere for current expenses can easily support such a club.

Each school should have its *alumnæ* society, which affiliates with those of other schools, the county, State, and national associations.

By interesting pupil nurses in school, club, and societies and the best literature of the profession, the superintendent broadens and benefits their whole future career. No one can do so much in this direction. Herein lies her strongest influence with her *alumnæ*.

“In ethics you cannot better the Golden Rule.”

Avoid jealousy and envy. Promote a genial friendship and sisterly feeling among pupils, and courtesy to sister nurses, whether acquaintances or not, especially to graduates of the school. Make their return a veritable home-coming and assist them in every way to keep up with the progress of the profession.

THE PREPARATION FOR PRIVATE NURSING

By ANNIE H. ROSS, B.A.

Philadelphia, Pa.

WITH a large number of excellent training-schools, the facilities for the training of the private nurse are few. This seems at first a doubtful statement, since every year each school contributes to the number of private nurses.

Nevertheless, these graduates are but indifferently equipped for the work before them. They may be well-trained in acute work, in the management of a ward, in all departments of surgical nursing, but this is not sufficient to solve the many intricacies of private nursing.

The objection is that where instruction is given in ward work little or none is given in the finer touches of private work. True, most hospitals have private rooms, but invariably where the work is better done the nurses employed are graduates, so that the pupil nurses have little opportunity of acquiring special knowledge.

So often doctors complain that nurses are anxious to leave their patients in the convalescent stage, where the nursing is just as important and requires more tact than in the acute stages. This complaint is most frequently made of young nurses, who are but recent graduates, and may be due to the fact that patients so seldom spend all the stages of convalescence in the hospital that the nurse gets a habit of relinquishing a case once the danger is over; or it may be due to a restlessness born of the constant variety of the large hospital.

Now a great deal of private nursing is of necessity convalescent

nursing, since in almost all cases diet is an important feature. And fortunately such is the case, since it gives the patient an opportunity of readjusting slowly its normal condition, while, on the other hand, the severe anxiety being removed, the nurse has a chance to rest. And from a commercial point of view it pays better, since convalescent nursing does not require such long rests to regain energy expended.

Occasionally we hear with much wonder of a nurse antagonizing her patient. This is more common than may be thought, and no doubt illustrates the danger of ward training, where not the individual, but the class, must be considered. It is usually attributed to temperament, but in a three-years' course temperamental difficulties of such a character ought to be pretty well eliminated, so the training is not always free from blame.

To use an illustration, I once heard of a mother who, being complimented upon the behavior of her children, replied, "I never make points with a child." The same rule applies in caring for a sick or nervous person. If there is a question of right or wrong, well and good, be firm; if there is no question, or the question exists only in your imagination, let it go. Surrendering a few minor points will not necessarily undermine your grasp of the situation.

To *appear* to be in sympathy with a patient is not enough, you must *be* in sympathy; you must cultivate an atmosphere of fellow-feeling. And not enough attention is paid to this very thing, atmosphere. With much anxiety over medicine and nourishment, the temperature of the room, too little attention is paid to that mental barometer which registers the atmosphere of a sick-room. Although every observant nurse must recall many rooms and wards where it was impossible to criticise because a genial atmosphere disarmed them, who has not known a doctor breathe a long sigh of relief and take a more hopeful view of a case because an air of repose pervaded the room?

You will say such things are acquired through observation, not through teaching. True, but one man's observations become another generation's science. What we work out to-day is passed on to the student of to-morrow, that being unhampered with such investigations she may acquire yet more advanced knowledge.

If, then, there might be some well-conducted private hospital or private departments in all general hospitals where the pupil nurses of to-day might have the benefit of the precedents worked out by the nurses of the past, might we not hope to hear less criticism of nurses as a class, of the lack of tact, of the "this" and "that" that is a drawback to the advance of the profession?

To close with a word about the one problem in which a hospital

can give no practical knowledge—the nurse's position in a family. Often unwelcome, too often a trial, she may lighten the burden by considering herself a guest and conducting herself as such—a guest who is determined to give her hostess as little trouble as possible.

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS *

By LILIAN D. WALD

(Concluded from page 519)

THE USE OF LYING-IN HOSPITALS.

As to the use of the lying-in hospitals, the nature of each case so largely governs judgment upon it that it is not easy to advise. It should be remembered, however, that, particularly in the case of the large and well-advertised midwifery hospitals, a married woman often loses social caste by going to them for confinement. Where the family tie is so often strained by hardship and difficult problems, one hesitates to weaken it at a time like this. Surely so when the first baby comes. Illness or lack of work may have left the family, normally careful and thrifty, stranded at the time. I should consider deeply before advising separation of the couple at this time. Perhaps other arguments would prevail when the anxiety as to the household and many children is added. My own personal feelings are rather strong upon this matter, and have not been weakened by my experience in the best maternity hospitals. The mechanical character of the service seems more marked in these hospitals than in any other. Anticipation of abnormal childbirth, however, indicates hospital care, and the instructions as to hospital removal are to be here applied.

Your position is that of adviser to the family, and you should be familiar with the general laws of good housekeeping—ventilation of the rooms, the bedding, and the burning of the sweepings and dressings. All dressings should be burned, but in the summer-time, when kerosene stoves are much in use, this is not easy. Heavy paper bags may be supplied for the dry dressings which may have to be carried to a fire; otherwise the repulsive sight of these dressings on the ash-barrels may result.

It is also proper that you should have some knowledge as to the method of transmission of certain diseases, such as that scarlet fever is transmitted by particles of skin, and therefore vaseline, sweet oil, and

* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.

similar emollients are used to prevent them from flying about, as well as for therapeutic reasons. This is also true of measles. Diphtheria is carried through the membranous exudate from nose and throat. In typhoid fever the germs are in the stools, and the bedding, clothing, stools, and dishes should be thoroughly disinfected. Chloride of lime is probably the cheapest good disinfectant, and will for that reason, if prescribed, be used more freely. The germ of pulmonary tuberculosis is in the sputa, and the expectoration should be in cups or rags, which must be burned. Whooping-cough is conveyed by direct contact.

This knowledge will make you observant of happenings and possible corrections of them. For example, the nurse observes a woman using her apron to wipe a child's nose where discharge was profuse in a scarlet-fever case, and then sitting on the front stoop surrounded by little children, seltzer bottles handled by the sick and returned, metal-top milk-bottles sent back to the dairy after being exposed to infection, etc., etc.

You should also have knowledge of the proper cleansing of your own body and hair. There is nothing so good as boiling water to sterilize. Fresh air and proper feeding and sufficient rest are the best preventive treatment.

The Department of Health gives the following instruction on daily report: "All teachers and scholars who are members of a family in which a case of diphtheria, scarlet fever, measles, or chicken-pox has occurred should be excluded from schools until premises are disinfected; where whooping-cough occurs, all in the family, who have not previously had the disease, must be excluded; in case of smallpox, all residents in the house must be excluded from schools until three weeks from the time the case was reported. In typhoid fever and erysipelas exclusion is not required."

The following are given as illustrations of the various conditions that are met and to which I have alluded in this discourse on the treatment of families in which there is sickness

CASE I.—An Italian, was found by one of the nurses on Monroe Street. He had recently returned from Bellevue, where he had been for several weeks. The family consisted of father, mother, two boys in the Five Points Mission, and two girls at home. They lived on the top floor of a rear house. The patient was paralyzed below his waist and had undergone several operations; he was also suffering from three large bedsores. He was lying on a hard cot with one sheet over him and only rags beneath. The wife sat by the window finishing knee-pants. This was the only means of support for the family. The first thought of the nurse was removal to a hospital, but upon talking with him she found

that he had been very unhappy in the hospital, and absolutely refused to consider a return to it. The nurse secured an air-bed for him and loaned sheets, pillow-cases, and night-clothes; interested friends to send nourishment,—eggs, milk,—and went herself twice daily to attend to the dressings. The mother sewed on the knee-pants while daylight lasted, and when it became too dark to sew she washed the sheets and pillow-cases and night-clothes, that the nurse might have clean linen the next day. This condition continued several weeks, when the mother began to show signs of being run down from exertion. Again the nurse pressed the hospital. The patient still refused, but at last, after twenty-four hours' consideration, said that he would go to any hospital but the one in which he had been before. As this was the only hospital that would take him in, the situation seemed hopeless. The only way in which he could have been taken to a hospital was by physical force. We felt that it was a cruel thing to insist upon his going when he begged so persistently to be left at home, and said his only prayer was that he might die at home with his family. We therefore made arrangements for assistance to the wife in housekeeping and sewing, that she might herself nurse her husband. When the nurse told the family that such arrangements had been made the man was overcome with emotion and fainted. He lived only a few weeks longer, but died, as he wished, at home.

The Association for the Improvement of the Condition of the Poor helped pay the rent; a club of women from the East Side gave eggs and groceries; the Centre Street Dispensary gave milk; sheets, pillow-cases, and dressings were provided by the Nurses' Settlement; a neighbor gave a couch.

CASE II.—Boy, empyema, in the New York Hospital. Contagion broke out in the children's ward and he was sent home, still needing an extensive daily dressing. The nurse was called in by the district physician. The dressing was almost too extensive to be done successfully at home, and after two weeks an appeal was made to the hospital to take him back again. They refused on account of their condition of quarantine. At the end of three weeks they had consented to take him in, but on the day he was to be admitted fresh contagion broke out in the hospital. Application for his admission was made then at another hospital and was refused on the ground that the first hospital should care for its patients. The home surroundings were not suitable, the family very poor, and there was nothing left but for the nurse to continue the daily dressings and do the best she could. Two weeks later he was readmitted to the first hospital. The mother hemmed handkerchiefs, which the father peddled. There was one other child.

CASE III.—A baby of two years, ill with pneumonia. The nurse found her with a high temperature; the mother had employed a private doctor. Air and light in the house were good (comparatively speaking). The mother seemed intelligent and capable of being instructed, so hospital was not advised. Baby was found on a feather bed covered with feather pillows, with a temperature of 105°. The nurse explained to the mother the desirability of cooler bedding and taught her how to arrange the crib properly. The front room was reserved for the sick baby and the mother was taught how to give the medicines, how to sponge the baby, and how to keep a record of the treatment. She devoted herself to the sick child, while her sister came to take care of the house and the two other children. The child's fever ran on for four days, and at the end subsided and the baby recovered.

CASE IV.—A call came from a charity society for the nurse to give her judgment as to the fitness of this case for a hospital. Upon visiting the house found comparatively good and comfortable rooms. A young couple, husband a tailor, wife severely ill after an abnormal child-birth. Thrifty people, with a good deal of sentiment, who had saved for the expected child. The complications of her illness made adequate medical treatment of this very sick woman impossible for them. The hospital was urged because—and it was very painstakingly explained to the husband that though the rooms were good enough and the home clean enough—she might suffer permanently if adequate treatment were not given now, explaining what was needed. Great objections were made, and the very sick woman appealed to her husband not to send her away. As patient was septic, none but the City Hospital would take her, and she had the usual prejudices against it. The friends of the family bestirred themselves and secured a good physician's services. With the nurse's visits twice daily she recovered. It is true, however, that the husband remained at home from work to do his share of nursing, and that they were probably financially crippled and in debt as a consequence.

CASE V.—A nurse called in to a child three years of age, supposed case of diphtheria, but diagnosed by the Board of Health physician as a non-contagious disease. The child proved to have diphtheria; abscesses, pneumonia, and erysipelas followed. Too ill for hospital, and because the child was in excessive pain in a recumbent position the mother held him in her arms all the time. The father a chronic invalid, the mother a housekeeper in a tenement (which meant no rent to pay), and one boy earning small wages. The nurse visited the child three times a day, sponging, irrigating, and performing the different treatments prescribed. A physician from the dispensary, a milk ticket from the diet

kitchen, and the assistance of a relative, who looked after the house-keeping, was what was needed to carry the case through.

CASE VI.—Child; patient's father a peddler, the mother worked on cloaks. The nurse was called in at the request of the dispensary physician, and found one of the seven children ill with scarlet fever. She naturally advised the parents to send the child to the contagious hospital. The parents consented, and the child died there. Two weeks later the nurse stopped in to learn if other cases had followed, and found the two children ill at home. This time the parents refused to send their children away, and the utmost that could be done for the protection of the community was to have the nurse make frequent calls and admonish and advise, and, when possible, assist the mother. One day she found the mother working on cloaks and laying them on the bed occupied by the sick children. She notified the authorities of this, and frankly told the mother that she had done so and why she had done it. As this meant additional hardship to the family and enforced discontinuance of the work, the nurse communicated with a relief society and asked that money be given to the father to buy additional peddler's stock, as upon consulting with the family this was what seemed the most immediately helpful thing. The relief society delayed, and the nurses procured the money for the man, as immediate action seemed imperative. In this case milk was given daily and they were able without further assistance to exist through the period of illness.

AN OUTLINE OF THE BERLIN TRIP

BY MARY E. THORNTON

New York

THAT prince of guides, Grant Allen, advises the American traveller to make his first acquaintance with Europe in the country in England, and condemns what he describes as "the now fashionable route from America to the Mediterranean" as being the worst possible order in which an American can first visit Europe.

Given the advice and the good sense to follow it, where in England should the presentation be made other than in "its heart"—Chester, Leamington, Warwick, Stratford, Kenilworth, Coventry, Oxford, names to conjure with. Mr. Allen, in speaking of Oxford, says "It is the one thing in England which no American who values his soul should leave unseen on whatever consideration; it is unique in the world, like Venice. London you may see or not as you please, but you must see

Oxford, and, if possible, in May or June, before the colleges have 'gone down.' "

Stratford, where we shall sleep in the Red Horse Inn, mindful of the first American pilgrim to Warwickshire, who little thought, as he commented on the custom of visitors to the house where Shakespeare was born to sit in the chair where as a lad the poet was supposed to have sat, that his fellow-countrymen who were to follow him in pilgrimages to lovely Stratford-on-the-Avon would be shown his chair, in which he sat on that memorable night, making "the chair his throne, the poker his sceptre, and the little parlor his undisputed empire," and that for their dreams would be added the name of Washington Irving to those of "Shakespeare, the jubilee, and David Garrick." Cathedrals, chapels, castles, hedges, lich-gates, foot-paths, notably the one leading to Guy's Cliff House, visits to the house where Shakespeare was born (1564); to New Place, which he acquired about 1600, according to De Quincey, and where, William Winter tells us, very probably were written "Cymbeline," "The Tempest," and "A Winter's Tale" (would that that beautiful Hermione, Mary Anderson, might too be a visitor at the time we are there); Warwick, with its noble castle, its studies in architecture; Kenilworth, with its memories of Elizabeth, Leicester, Raleigh, and the beautiful Amy Robsart—all conspire to create a dreamer's paradise for tired workers. Having left (though unwillingly) this historic and romantic ground, we journey to London, the city of interest to us, so interwoven is it with all that we have read for profit or pleasure; and out of this great city has come already the assurance of a welcome for the nurses en route for the congress.

Passing Reading en route for London, it will be a trial not to stop off for a visit to the Garden Hostel established by the gracious lady of Warwick Castle. This radical departure in the way of training women is of tremendous interest to those of us who are of the workers. Established in 1898 in the face of much adverse criticism, it has steadily grown, and now the class of about fifty women are instructed in horticulture, dairy management, the raising of poultry, bee keeping (fancy reading Maeterlinck's classics and at the same time receiving scientific instruction on the subject), fruit and vegetable canning, pickle-making, and carpentry work. These subjects, however, are not taken up to the exclusion of domestic economy, for cooking, laundering, and house-keeping generally form an important part of the curriculum. Would that some multi-millionaire might, as a noted divine remarked recently, "feel it a disgrace to live rich" and establish such a training-school in our country.

Who shall say "what to see" in London? This much advice might

be advanced: take the bus, the top of it and beside the driver, thus getting at the very heart of the people. Visit the theatre on a first night, and after the theatre, should one feel a wee bit nostalgic, a visit to a restaurant in this city, where everything closes at half-after twelve, will insure dreams of American railway stations where a tempting menu is displayed, the order given, but a bell rings just in time to save you the slightest cause for indigestion.

Fortunately, there are dates set for congresses, sailings of steamships, etc., else one might forget she was on a two-months' trip and, having reached The Hague, wish to settle down and rest there, or at Scheveningen among the quaint brick houses, palaces, old streets, and picturesquely attired Dutch people. But there is awaiting the tourist Antwerp, with its Rubens; Cologne and its wonderful Cathedral, the shrine of the three Magi.

From Cologne, boarding the Rhine steamer, one is carried up that most beautiful stream in the world, thronging with memories, pregnant with history: the Lorelei, the Seven Mountains, the ruined Drachenfels, Coblenz with its recollections of Marceau, Ehrenbreitstein, Bingen, Mainz—all pass as in a dream, framed as they are in green hillsides, blossoming orchards, and purple vineyards; and in keeping with the mood thus engendered will be the visit to the Castle of the Wartburg in the forest of Thuringia, interesting in itself as the oldest of German castles, but having an added interest for all lovers of Tannhauser.

Dresden and its galleries will need no introduction to art lovers, and in Berlin the week of the congress will serve as an effectual restorative to the twentieth century's problems.

At the end of the week, with renewed vigor, the plunge into the mediæval will again be made, commencing with Bavaria's capital, Munich, and passing into the Austrian Tyrol, visiting Innsbruck, picturesque at once and historical; proceeding by the beautiful mountain pass, the Brenner, at last Italy is reached and that in Venice—St. Mark's, the Ducal Palace, the Piazza, the Grand Canal, everything with the glow of that wonderful light upon it. Of more than the usual interest, were that possible, should be to nurses the Ospedale Civile, described so graphically by Miss Dock in the April JOURNAL, and, as she says, accommodating thirteen hundred patients, and used as such one hundred years; the Church of Maria della Salute, too, where we shall find Titian's great painting commemorating the plague of 1512. Having visited Pisa, Padua, and Florence, all of which, and especially the latter, beggar description, Milan and its Cathedral, its Leonardo da Vinci, its Raphael, the Ospedale Maggiore, all must be left, and our way taken up the Lakes Como, Lugano, and Maggiore through the

famous St. Gotthard tunnels into Switzerland. The writer not very long since heard Mr. Hamilton Mabie describing his first sight of the Jungfrau at night and by the moonlight, and very comforting was the thought that for not very much longer should she have to be content with other people's descriptions, even though the depictees be as gifted penpainters as the gentleman in question, of this most sublime sight; our first impressions are our very own, and who would exchange those we shall receive on a first tour abroad for any consideration? Inter-lachen, Lucerne, Zurich, Basle, then Paris, a city to be seen, not described; after Paris, possibly a glimpse at Amiens Cathedral en route for Boulogne-sur-Mer, where we shall set sail for home, our horizon broadened, our egotism subdued, our ambition stimulated, and with a firm resolve to go back as soon as possible for more stimulus, more chastening.

A SUBSTITUTE FOR RUBBER GLOVES *

A METHOD OF DISPENSING WITH RUBBER GLOVES AND THE ADHESIVE RUBBER DAM—A PRELIMINARY NOTE

By JOHN B. MURPHY, A.M., M.D.

Professor of Surgery, Northwestern University Medical School; Attending Surgeon, Mercy Hospital, Cook County Hospital, Chicago

THE disadvantages, inconveniences, and dangers of rubber gloves and dam, as well as their theoretical advantages, are well understood and will not be commented on here. For several months past I have been endeavoring to find a material that might be applied to the hands of the surgeon and skin of the patient which would practically seal these surfaces with an insoluble, impervious, and practically imperceptible coating—a coating that would not allow the secretions of the skin to escape and will not admit secretions, blood, or pus into the pores or crevices of the skin, at the same time one that will not interfere with the sense of touch or impair the pliability of the skin. I have ascertained that a four, six, or eight per cent. solution of gutta-percha in benzine fulfils all of these requirements, while a similar solution in acetone also meets most of the requirements. In my clinical experience in the last four months I have found that the four per cent. solution of rubber in benzine is the most serviceable for the hands, as it wears better on the tips of the fingers under handling instruments, sponges,

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and tissues than the acetone solution. For the abdomen the acetone solution has the advantage, as it dries in from three to four seconds after its application, while the benzine solution takes from two to three and a half minutes to dry to a firm coating. The acetone coating when dry is only slightly adhesive, while the benzine coating is sticky.

The method of application to the hands and forearms is that of simple washing, as with alcohol, care being taken to fill in around and beneath the nails. The hands must then be kept exposed to the air with the fingers separated until thoroughly dry. They may then be washed in alcohol, bichloride, or any of the antiseptic solutions without interfering with the coating or affecting the skin. It wears off on the tips of the fingers if the operations be many or prolonged, when another application may be made between operations; on the remaining portion of the hands one application is sufficient for a whole morning's work.

My routine method of hand preparation is as follows: First, five to seven minutes' washing with spirits of green soap (five per cent.) and running hot water; second, three-minutes' washing with alcohol; third, after thoroughly drying I pour on the rubber solution after the method above stated, allowing it to dry without rubbing, after the surface is thoroughly covered. The coating is so thin it can only be recognized by its glazed appearance. The coating will resist soap-and-water washing to cleanse the hands between operations. It is removed by washing in benzine.

The abdomen or surface preparation is five-minutes' scrubbing with spirits of green soap (five per cent.), then washing with ether, followed by alcohol. The surface is then swabbed over thoroughly with the acetone or benzine rubber solution.

The gutta-percha solution is prepared by dissolving pure gutta-percha chips in sterile benzine or acetone. This was accomplished first for me by the chemist, E. von Hermann. These solutions do not stand boiling, as it impairs the adhesiveness and elasticity of the coating. The advantages of this method of avoiding the dangers of infection from the hands and skin of the patient are very evident. In addition to the bactericidal properties of the benzine it prevents perspiration beneath the coated surface, and also the rubbing off of epithelia from the hands and skin surface into the wound. It does not puncture, like the rubber glove, and where it wears off on the finger-tips there is no accumulated epithelium or secretion beneath. It is, moreover, impermeable and precludes the ingress of infective flora or blood to the operator's skin. After operating, the surface washes clean as readily as the surface of a rubber glove. At the end of the day's work, when the hands are washed in benzine to remove the coating, the skin is very

soft and smooth. The surgeon's hands are thus protected from all of the deleterious effects of daily operating, which is in itself a safeguard against infection. Inoculation and bacteriologic tests are being made and will be reported in detail later. The simplicity and ease of application of this method, with its practical certainty of protection, should appeal to every operator.

[We are informed by the operating-room nurse of the Cook County Hospital that the cost of this coating for each pair of hands is about five cents.—Ed.]

THE NURSE AS A MEDICAL STUDENT

By STELLA GARDNER, M.D.

Graduate Illinois Training-School

THE nurse who takes up the study and practice of medicine has certain advantages over her fellows who have not had a like experience.

The practical knowledge about the minor details of illness and its treatment, which a nurse's training gives her, is sometimes not attained in years by the physician. A doctor seldom spends twenty-four consecutive hours with one patient; very rarely does he give his entire time to one patient during the whole course of an illness. But the nurse knows how the sick man looks and acts at three o'clock in the morning as well as at noon, in convalescence as well as at the onset. She watches every phase of the case from beginning to end, through weary days and nights, and as a result has a "clinical picture" indelibly impressed upon her mind.

As a student the nurse starts out with a vocabulary the lack of which chains her less fortunate fellows to the dictionary for at least the first year of college life. When *sub sultus tendinum* is mentioned she knows it isn't a muscle in the forearm. Then she reads of rose spots in typhoid. She knows they do not look like American Beauties. It was an alumna of Smith College, not of a training-school for nurses, who gave the dose of calomel as "one to four drachms."

A nurse's surgical training develops the aseptic habit until it becomes almost an instinct. A slip in technique is almost an impossibility to her. The general practitioner who is only occasionally the surgeon rarely attains this desirable state, however perfect his theory of surgical cleanliness.

When a nurse has watched by the bedside of many cases of pneumonia, the color, the breathing, the cough, the pulse, the posture, the mental state, the whole picture, become as familiar to her as the

face of a friend. This knowledge is as valuable in making a diagnosis of pneumonia as that gained by the stethoscope.

One who has been special nurse to twenty or fifty or a hundred laparotomies, who has watched every minute of the first three days for the faintest sign of things going wrong—such a one would know better how to make a prognosis in abdominal cases than she ever could know without this experience.

As for treatment, the nurse not only knows what to give, but she knows how to give it. There are wise men who couldn't show the helpless amateur at nursing how to make a mustard plaster or fill an ice-bag.

One of the funniest sights ever seen is a dignified medical man who could tell you all about Cæsarian sections and podalic versions trying his hand for the first time at dressing the new baby.

Two words of warning might be given to the nurse who has in mind the study of medicine: first, don't make the fact that you know this or that because you are a trained nurse prominent to your fellow-students, or they will make you wish you had never seen a training-school; second, don't think your art can supply the place of the science you are in school to learn, or that your intuitions will take the place of reason.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 531)

XII. THE COOKING OF FOOD—STARCHES

TWO VERY different views of the place of cookery and its relation to human welfare are those propounded by Socrates more than two thousand years ago and by Ruskin. Socrates says: "Cookery may seem to be an art, and it is not an art, but only experience and routine. Cookery simulates the disguise of medicine and pretends to know what food is the best for the body; and if the physicians and the cooks had to enter into a competition in which children were the judges, or men who had no more sense than children, as to which of them best understands the goodness or badness of food, the physician would be starved to death. A flattery, I deem this, and an ignoble sort of thing, because it aims at pleasure instead of good. And I do not call

this an art at all, but only an experience or routine, because it is unable to explain or to give a reason of the nature of its own applications. And I do not call any irrational thing an art."

Ruskin says: "It means the knowledge of Medea, and of Circe, and of Calypso, and of Helen, and of Rebekah, and of the Queen of Sheba. It means the knowledge of all herbs, and fruits, and balms, and spices; and of all that is healing and sweet in fields and groves and savory in meats; it means carefulness, and inventiveness, and watchfulness, and willingness, and readiness of appliance; it means the economy of your great-grandmothers, and the science of modern chemists; it means much tasting, and no wasting; it means English thoroughness, and French art, and Arabian hospitality; and it means, in fine, that you are to be perfectly and always 'ladies'—'loaf-givers;' and, as you are to see, imperatively, that everybody has something pretty to put on, so you are to see, yet more imperatively, that everybody has something nice to eat."

I am afraid modern cookery must sometimes plead guilty to the indictment of Socrates, so long as its sole aim is merely to tickle the palate and give pleasure rather than good. It cannot hope for a high position among the world's arts. But when we undertake the study of cookery from a different standpoint; when we investigate the food materials that we are using, and try to explain the changes that take place from the application of heat, and when our aim in this is to produce a food that is not only palatable but digestible in the highest degree, we feel that Ruskin has understated, rather than overstated the case.

A study of starch and its changes leads us far into the mysteries of botany and of chemistry, and even here we find many of our problems still unsolved. Certain things we can observe even though we may not be able adequately to explain them. If, with the aid of the microscope, a comparison be made between uncooked starch grains, the same grains cooked in water at a temperature of 140° F., and boiled starch, a marked difference will be seen. The low temperature cooking in the presence of water has enlarged the grains often to several times their original size. The boiled starch shows no structure whatever, showing that the grain has completely disintegrated in some way. There is every indication that it is in the latter condition only in which the starch is easily digested. Uncooked starch passes through the system practically undigested.

In the cooking of starchy foods another factor has generally to be considered. The starchy vegetables like potato have their starch-grains lying within the cellulose walls of the plant. Not only must the starch itself be cooked, but the cellulose walls must be broken down so that

the saliva and the intestinal juices may reach the starch. The disintegration of these walls is possibly purely mechanical, but it is exceedingly important.

It is hardly possible to overcook starch, unless one is using it simply as a thickening agent. One might, for instance, cook a corn-starch pudding so long that part of the starch would be changed into dextrin with a distinct loss of thickening power and a probable increase in digestibility. This change and the further one into sugar are almost sure to take place if starch is cooked for any length of time with an acid like lemon-juice.

Many foods contain both proteid and starch, and the problem becomes one of reconciling the low cooking temperature of the proteid with the high cooking temperature of the starch. In combinations of materials this can often be effected by first cooking the starch and then adding the proteid. For instance, a certain rule calls for milk, corn-starch, and egg. The egg in this case must be added just at the end of the process after the starch has been thoroughly cooked. When this is impossible, as it often is (for instance, in the case of the milk in the same rule), the principle of proteid cookery must be sacrificed to that of starch. In other words, it is more important to have the starch thoroughly cooked than to have the proteid cooked at a low temperature if there must be a choice between the two. A good illustration of this is the case of bread where we have both proteid and starch. We cannot separate these, therefore the higher temperature and the long thorough cooking must be the rule.

(To be continued.)

FORMULÆ FOR ANTISEPTIC SOLUTIONS USED IN THE ILLINOIS TRAINING-SCHOOL FOR NURSES

REVISED AND CORRECTED BY PROFESSOR WALTER S. HAINES

Professor of Chemistry, Rush Medical College

THESE formulæ are not absolutely accurate but sufficiently so for practical purposes.

Bichloride of Mercury (corrosive sublimate; mercuric chloride).

Bichloride of Mercury Solution (1 in 500).

Bichloride of mercury, two drachms (by weight); common salt (sodium chloride), ten drachms; cold sterile water, one gallon.

Dissolve the salt and corrosive sublimate in about half a pint of water; filter this into sufficient water to make the gallon. Bichloride

of mercury is very heavy and requires thorough mixing. This solution may also be made without salt.

Metric formula: bichloride of mercury, eight grammes; cold sterile water, four litres.

Solutions of compounds of mercury must never be used on steel instruments or other metallic substances.

To make 1 in 1000 solution, take one part 1 in 500 solution and one part water.

To make 1 in 2000 solution, take one part 1 in 500 solution and three parts water.

To make 1 in 5000 solution, take one part 1 in 500 solution and nine parts water.

Carbolic Acid (phenic acid; phenol; phenyl alcohol).—An inflammable crystalline substance which partially melts on exposure to moist air.

Ninety-five Per Cent. Carbolic Acid.

To three fluidrachms of hot water add enough melted crystals to make eight fluidounces. Mix thoroughly until clear, and filter if necessary.

Metric formula: hot water, ten cubic centimetres; enough melted crystals to make two hundred cubic centimetres.

Five Per Cent. Carbolic Acid in Solution (1 in 20).

Cold sterile water, one gallon; ninety-five per cent. carbolic acid, seven fluidounces.

Shake thoroughly and frequently until all globules are dissolved.

Metric formula: cold sterile water, four litres; carbolic acid, ninety-five per cent., two hundred and ten cubic centimetres.

To make two and one-half per cent. take one part five per cent and one part water.

To make two per cent. take two parts five per cent. and three parts water.

To make one per cent. take one part five per cent. and four parts water.

Four Per Cent. Carbolic Acid Solution.

Cold sterile water, one gallon; ninety-five per cent. carbolic acid, five fluidounces.

This solution is often erroneously called and used as a five per cent. solution. For all practical purposes it is, however, preferable to five per cent.

To make two per cent. take one part four per cent. and one part water.

To make one per cent. take one part four per cent. and three parts water.

Boric Acid (boracic acid).—A saturated solution (sat. sol. or s. s.) contains about four per cent. boric acid. It is best made by putting an excess of the crystals on a filter and pouring the quantity of boiling or very hot water over them slowly until dissolved. Boric acid crystals are very light, the measured quantity being far short of the required quantity by weight. Hot water dissolves more than cold, the excess being precipitated as crystals when the solution cools.

Stock Salt Solution is kept for the purpose of making normal salt solution quickly and accurately.

Sodium chloride, one and a half ounces (by weight); water, eight fluidounces.

Boil in a closed vessel fifteen minutes. When cold make up with sterile water to eight fluidounces. Strain through sterile cotton into a sterile bottle and keep tightly corked.

Metric formula: salt, sixty grammes; water, two hundred cubic centimetres.

Normal Salt Solution should contain ninety grains salt in one quart.

Metric formula: six grammes to one litre.

Take one fluidounce of stock salt solution to make one quart normal salt solution.

Take twenty cubic centimetres metric stock solution to make one litre normal salt solution.

The stock solution should be added to the necessary amount of sterile water of the required temperature and mixed well.

Formaldehyde is a gas. Commercially it comes to us in solution, formalin, containing about forty per cent. of the gas. It also comes as a solid, known as paraform or paraformaldehyde, used only for fumigation with a specially designed lamp.

One Per Cent. Formaldehyde Solution (1 in 100).

Formalin, six and a half fluidrachms; cold sterile water to one quart.

Metric formula: formalin, twenty-five cubic centimetres; cold sterile water to one litre.

One Per Cent. Formalin Solution.

Formalin, two and a half fluidrachms; cold sterile water to one quart.

Metric formula: formalin, ten cubic centimetres; cold sterile water to one litre.

1 in 1000 Formaldehyde Solution.

Formalin, thirty-eight minims; cold sterile water to one quart.

Metric formula: formalin, 2.5 cubic centimetres; cold sterile water to one litre.

1 in 1000 Formalin Solution.

Formalin, fifteen minims; cold sterile water to one quart.

Metric formula: formalin, one cubic centimetre; cold sterile water to one litre.

These solutions must always be prepared with cold water, because the gas is given off when heated.

Crenosol.—A thick, dark-brown preparation from coal-tar; turns bluish-white on the addition of water. It can be used full strength, but must be applied after the preliminary scrubbing with soap and water and when the skin is perfectly dry. Rub in well; leave on for one and one-half to two minutes; then wash off with cold sterile water. There is danger of burning if left on too long or if not thoroughly washed off. For hand solutions, douches, etc., one per cent. and two per cent. solutions (1 in 100 and 1 in 50) are used.

Two Per Cent. Crenosol Solution.

Crenosol, five fluidrachms; sterile water to one quart.

Metric formula: crenosol, twenty cubic centimetres; sterile water to one litre.

Lysol.—A reddish-brown preparation from coal-tar, used for douches and hand solutions in strengths of one per cent. and two per cent.

Two Per Cent. Lysol Solution.

Lysol, five fluidrachms; sterile water to one quart.

Metric formula: lysol, twenty cubic centimetres; sterile water to one litre.

Creolin (kreosol).—A dark-brown, oily product of coal-tar which makes a dirty, milky solution with water. It is used in strengths varying from one-half per cent. to two per cent.

One Per Cent. Creolin Solution.

Creolin, two and a half fluidrachms; sterile water to one quart.

Metric formula: creolin, ten cubic centimetres; sterile water to one litre.

It should be freshly made.

Potassium Permanganate is used in solution of royal blue or purple color. It should be freshly made. Fold in a piece of sterile

gauze a few crystals and suspend in sterile water of the desired quantity and temperature until the right color is obtained.

Iodine Solution is made by adding to sterile water of the required temperature sufficient tincture of iodine to make the color of sherry wine.

All solutions kept on hand constantly must be changed three times a week.

THE AMERICAN FEDERATION OF NURSES

THE federation was represented at the meeting of the Executive Council of Women at Indianapolis early in February by Miss Helena Barnard, of St. Joseph, Mo., a graduate of the Johns Hopkins Hospital School for Nurses. It is understood that the meetings were well attended and interesting, and that the work of nurses was ably presented by Miss Barnard, whose summary of the year's work in nursing follows:

“The two societies of which the American Federation of Nurses is composed present records for the past year of unusual growth and activity. The American Society of Superintendents of Training-Schools, the older of our organizations, accepted into membership during the past year twenty-three heads of schools or other nursing bodies, and has a large number of applicants awaiting admission. The society now numbers nearly two hundred members, all of whom are superintendents of hospitals or training-schools, thus representing a large institutional, educational, and philanthropic interest. The meeting of the society this year was held in Pittsburg, and was one of the most interesting and enthusiastic gatherings which the society has ever held. (For further details see report of this meeting in the November, 1903, JOURNAL OF NURSING.)

“The other society of the federation, The Nurses' Associated Alumnae of the United States and its affiliated societies, controls a membership of about five thousand nurses. The secretary reports that there are now fifteen societies awaiting admission at the next meeting. This society held its annual meeting in Boston last June, a meeting which was largely attended. The chief object of this society is the welfare and advancement of the graduate nurse, the establishment of good relationships between herself and the public, and the securing of legislation throughout the country which provides through State registration a means of distinguishing the trained from the untrained nurse.

“Both of these societies have united during the past year in strong efforts in this direction, with the result that State associations of graduate

nurses have been formed in thirteen different States—New York, Massachusetts, Illinois, Michigan, New Jersey, North Carolina, Pennsylvania, Virginia, Indiana, Iowa, Maryland, Ohio, and the District of Columbia.

“The constitution of each of these societies states plainly that one of its first objects is the securing of legal enactments regulating professional nursing, in addition to the advancement of all interests which pertain to the betterment of the nursing profession. Legislation has been secured in the four following States—New York, New Jersey, Virginia, and North Carolina, the latter being the first to achieve this distinction. Bills have been prepared in Pennsylvania, Illinois, District of Columbia, Maryland, and other States to be presented during the coming sessions of the State Legislatures.

“The work of nurses, therefore, during the past year has been largely centred in this direction. The rapid growth all over the country of training-schools established frequently in connection with hospitals totally inadequate, by reason of size, service, and means, to furnish proper training and experience to their pupils, and more recently the growth of correspondence schools, have made clear that, for the safety of the community, a system of examinations and registration must be secured with as little delay as possible. The most important achievement, then, this year, or, indeed, of many years, is the securing of such legislation as will enable the nurse who has passed a stipulated examination and received a systematic training in definite subjects under approved conditions to place the title ‘Registered Nurse’ after her name. The public is thus at once enabled to discriminate between the qualified and the unqualified.

“In conformity with the ever-growing spirit of philanthropy which is contributing in every direction to the number of those working for social betterment, the work of nursing has also stretched itself out in various directions to meet the needs of the day. The visiting of trained nurses in the homes and quarters of the poor, known as district and visiting nursing, is done by a rapidly growing body whose usefulness to the community it is difficult to overestimate. We feel that in no other way can the health of the people in their homes be better preserved, nor can the prevention of disease in all classes be more surely secured, than by increased attention to the achievements and possibilities of the visiting nurse. As a result of private charities, societies for the furtherance of this work are established in between sixty to seventy cities and towns in the country. Such workers should be found in every town, and their numbers should be greatly increased. A notable recent development of their work has been the extension of the visiting nurse to public schools. Beginning in New York a little over a year ago, when one nurse was

supplied by the Nurses' Settlement to visit the public schools of that city for one month, the work has now grown until thirty-five nurses are employed in the public schools in an effort to watch over the health of the children, care for minor ailments which arise, and be vigilant in noting and reporting such symptoms as, if neglected, might prove the source of the epidemics which have been so commonly traced to schools. The work is of great importance and bids fair to extend in many directions. Lately a request has been made in Philadelphia for twenty nurses for the public schools of that city to work in the interest of the health of the children.

"Of more recent date has been the work of visiting nurses in connection with the world's warfare against consumption. Nurses are engaged in this special work either as individuals or in connection with Boards of Health, Associated Charities, or special appointed commissions for the prevention of tuberculosis. Their work is the very effective work of house-to-house visitation and instruction. They also work in connection with large city dispensaries, and are thus enabled to follow the patients suffering with tuberculosis to their own homes, to provide nourishing food, fresh air, suitable clothing, and to instruct the patient so that he may cease to be injurious, through his habits, to those about him, and to watch over and guard the family, as far as possible, from infection. Nurses in most of our large cities are now actively and enthusiastically engaged in this particular work, carrying comfort, help, and hope into hundreds of households where there are consumptive patients. No effort of the day is worthier of support than this, which carries the work of prevention straight to the sources from whence the evil flows. The work of district nursing—that is, the care of the sick poor in their homes—throughout the country is growing and opening out in an important and suggestive way, but this special effort we comment on as being one as urgently needed.

"The special work of importance in the education of the nurse has been forwarded in many ways through the Society of Superintendents of Training-Schools. The Department of Hospital Economics at Teachers College, Columbia University, New York, established through the efforts of the superintendents some years ago, has, in spite of lack of endowment, continued to grow, until this year the class is almost double that of any previous year.

"The purpose of the instruction given here is to prepare women who, having had excellent hospital training, wish to be further equipped for the work of teaching in various branches which awaits them in most hospital positions. The establishment in several hospitals of a preparatory course of instruction covering several months has been an important

advance in the education of nurses. The custom for many years has been to bring in probationers and place them at once in the hospital wards among sick patients. This system, of equal disadvantage to patient and student, has already existed far too long in training-schools, and some scheme of preparatory training is destined, sooner or later, to become universal in all well-equipped schools. Such a system is being carried out now at the Johns Hopkins Hospital School for Nurses, Baltimore, at New York schools, in Chicago, Detroit, Buffalo, and Toronto. Its great value cannot be questioned. It is of interest to note here that its establishment in hospitals has been the means of developing a preparatory course for nurses at the Drexel Institute, Philadelphia, at the Pratt Institute, Brooklyn, and Simmons College, Boston.

“The continued success of *THE AMERICAN JOURNAL OF NURSING* is one of the achievements of which nurses are most justly proud. It is owned by a stock company of nurses and edited and managed by nurses. Its subscription list is increasing slowly and steadily, and the publishers feel that it is a substantial piece of work upon which nurses should be congratulated.

“Within the last year some appreciation of the work of army nurses has been made evident by the request from the Surgeon-General of the Navy that trained nurses should be supplied to the navy on the same basis as the army nursing corps.

“The members of the American Federation wish to place very strongly before the societies with which they are affiliated in the National Council the duty of that body in all its roots, branches, and leaves to support everywhere the nurse in her effort to secure legislation. The federation cannot dwell too strongly upon the great injuries to the public and to good nurses by the tender sentimentalism and foolish pride and ignorance which allows even good men and women sometimes to lend themselves to schemes which from every standpoint of right and justice are most unworthy.

“Measures which would tend to place in our midst the product of the correspondence schools for nurses and of the school attached to some small special hospital or private sanitarium where the opportunities and training are utterly inadequate, and to permit those who have been rejected for cause by various institutions of good standing to assume a uniform and work unhindered in any part of the country, are receiving in the legislation which is now taking place a check which must inevitably prevent further growth in those directions. In some States our bills are being entitled ‘An Act to Amend the Public Health,’ and as such we think they must undoubtedly be considered.”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D., professor of obstetrics in the Northwestern University Medical School, Chicago; obstetrician to Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals; lecturer in the Nurses' Training-Schools of same. 12mo of 460 pages. Saunders & Co., publishers, New York, Philadelphia, and London.

That locally the nursing profession owes a great deal to Dr. DeLee's efforts to raise the standard in teaching and practice the Chicago nurses have long since recognized, and their satisfaction in welcoming the appearance of his book will be shared by every training-school and every graduate nurse who knows the value of a curriculum approaching in some degree to uniformity.

Until lately this particular branch of nursing has not seemed to keep pace with that of surgery, fever nursing, etc., and although the past year has seen some good books brought out, none has been more thorough in detail or more sympathetic in its teaching than this one. A text-book on this subject must necessarily include many illustrations which may be offensive to the eye of the fastidious, but we recommend any ultra-sensitive student to take to herself some of that reverence for the subject which the author observes throughout every page of his book. In the preface Dr. DeLee states that "there are really two subjects considered in the book—obstetrics for nurses and the actual obstetrical nursing." He has, however, presented the first subject so clearly, from the nurse's point of view, that it has nothing of that abstract quality which makes for the temptation to skip and get along to the nursing, which is often noticeable in books for nurses. The subject is divided into three parts, which division the nurse is advised to bear in mind—the first, anatomy and physiology of the reproductive cycle; second, management of pregnancy, labor, and the puerperium; third, pathology of pregnancy, labor, and the puerperium. These heads are again divided into chapters. The approximate and relative proportions are seldom given in figures, or fractions of figures, which are bewildering to nine out of ten student nurses and distract attention from more details; facts are stated by comparisons—the ovary "like an almond," the Fallopian tubes of "the size of a crowquill," etc.; the strictly professional tone, the long words, and the unfamiliar names from the dead languages are largely and acceptably absent, the mysterious phenomena being presented in homely and familiar terms which are certain to settle firmly in the most treacherous or unreliable memory. Chapter II. of Part I. is particularly happy in possessing this quality. It really turns into the most captivating, delicate little nature story. "The Function of Reproduction" is the title of this chapter, but one hardly recognizes in it what was under past teaching such a strange, illusive, contradictory lesson, where the puzzling mystification of the subject was usually completed by a diagram in colored inks—artery blue and vein red.

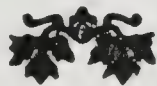
When it comes to the infants' layette, nursery conveniences, etc., the author gives place to higher authority, thereby greatly enhancing our respect for his

wisdom. Miss Katherine DeWitt, of the Illinois Training-School, Chicago, supplies Chapter VI. of Part I., and in the Appendix Mrs. E. E. Koch, of the same school, gives a valuable paper on "Dietary." Not the least interesting part of the book is the Appendix, comprising instructions for visiting nurses in obstetrical practice; comparison of home and hospital nursing; some important points in nursing ethics; methods of sterilization, preparing of instruments, dressings, solutions, etc., with a word of warning relative to specific infections and also a paper on dietary, some valuable receipts, and a word on feeding by rectum, nasal feeding, and feeding through the skin.

The brief instructions to the visiting obstetrical nurse are interesting by comparison with those contained in Mrs. Dacre-Craven's "Guide to District Nurses," published in 1890, where in obstetrical nursing her qualifications were required to be that "she be skilful in (a) care of newborn infant and mother; (b) passing speculum; (c) leeches internally; (d) plugging."

Dr. DeLee calls upon nurses to do their part in bringing this branch of nursing into line with the more popular specialties. She may, he says, "become a missionary, spreading the gospel of good obstetrics. By the power of good example and by precept she will instil in the public mind a knowledge of the importance of obstetrics and will engender a respect for the art which will soon result in a demand for higher standards of practice, and this demand will draw to the specialty the best medical and nursing talent the community possesses. Thus her efforts will redound to the benefit of the medical profession, of which she is a part, and lastly and mostly of the community—the people. Only in this way can we hope to see the frightful mortality tables shrink, and our hospitals emptied of women seeking relief from the injuries and diseases caused by pregnancy and labor." He begs that more nurses would make this their specialty, and although he sees the reasons for its unpopularity, he sees also ways for making it more attractive and less wearing on the nurse. He mentions the increasing demand for hourly nurses, which seems to be developing as slowly and quietly and yet as surely in the West as in the East. The increasing paraphernalia of the nurse is particularly interesting to nurses who, like your reviewer, graduated some years back. Then, a nurse had a thermometer and a hypodermic syringe, often the parting gift of her house doctor as he and she took their separate ways out into the world; to these she added a graduated medicine glass, and then her outfit was complete. Now the well-equipped nurse carries her sterilizer, her Kelly-pad, as well as a long list of less cumbersome articles.

One word as to the Glossary and we are finished. Twenty-five pages of condensed information, its usefulness is not limited to its connection with the book. Nurses will find in it a tremendous resource and a most convenient reference.



THE EXTRACTION OF FOREIGN BODIES FROM THE EAR.—The *Medical Press* says: "Use a soft rubber tube about the length of a cigarette and of the proper size to be introduced into the ear. The end of the tube is dipped in paraffin and pushed into the canal until it comes in contact with the foreign body, whereupon the operator, applying his mouth to the free end, aspirates forcibly, at the same time throwing back his head. Except in cases of angular bodies of irregular contour this method is usually attended by success, the body coming away with the tube."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



BALSAM OF PERU IN COMPOUND FRACTURES.—The *New York and Philadelphia Medical Journal* says: "In *Presse médicale* for December 30 Dumont states that Van Stockum, of Rotterdam, treats compound fractures without any attempt at conventional asepsis, removing simply any foreign bodies from the surface of the wound, and then covering the latter thickly with balsam of Peru, getting it well into the irregularities of surface. If the wound is small, it is filled by means of a syringe. The fracture is then treated as a simple one. A dressing is made of gauze saturated in balsam and absorbent cotton, and the limb is put in plaster or an extension apparatus. There is always fever for three days, which subsequently disappears. At the end of three weeks the bandages are removed to find either a cicatrized wound or one granulating healthily with no sign of inflammation. No amount of pressure will bring pus. The mortified tissues are mummified, and the fracture has united or is doing well. Van Stockum calls his results 'marvellous.' It is not impossible that the balsam, containing cinnamic acid, causes a protective leucocytosis, for the occurrence of fever certainly shows a preliminary sepsis. This 'embalming of compound fractures' merits investigation by our native surgeons."

POTATOES IN DIABETES.—Sir J. Swayer says in the *British Medical Journal* that giving potatoes to diabetic patients is one of the greatest dietetic advances of our times. While they are permissible cooked in the ordinary ways, they are best prepared by straining with the skin on. He proposes that flour made from properly cooked potatoes should be used instead of flour made from grain for the bread of diabetics.

CATGUT STERILIZATION.—The *New York and Philadelphia Medical Journal* in a synopsis of an article from the *Centralblatt für Chirurgie* says: "Sal-
kindsohn describes a modification of Block's method which has the advantage that the catgut does not become brittle after being preserved for some time. He places the commercial catgut upon glass rolls in a solution of one part of tincture of iodine and fifteen parts of spiritus vini (50°). It is kept in this solution for one week in a dark place. It is then sterile, it does not roll or stretch, does not tear or break, and is not brittle, yet it can easily be knotted. It is not absorbed too quickly in the wound, nor does it irritate the latter. It keeps in perfect condition for at least one year."

ALCOHOL DRESSINGS.—The *Medical Record*, quoting from a German contemporary, says: "Wohl recommends alcohol most highly as a wet dressing for local inflammatory processes. It is analgesic, stimulates vigorous reaction on the part of the tissues, and is powerfully antiseptic. According to the nature of the case, the strength used varies from seventy to ninety-five per cent., but it is better to begin at or near the upper limit, while below seventy per cent.

the beneficial effects are greatly decreased. The dressing is applied by soaking gauze in the fluid and applying it to the part and well over into the adjoining healthy region, and then covering with some water-proof material. It should be changed in from twelve to twenty-four hours."

APPETITE-JUICE AND THE ETHICS OF EATING.—J. G. Adami in the *Montreal Medical Journal* reviews Pawlow's experiments on dogs, by which it has been proved that there are two tides of secretion of the gastric juice: the psychic tide, set up by the sight of food, by the taste of the same, and by hunger, the juice of this tide (the appetite-juice) being relatively abundant, flowing for a considerable period, and having strong digestive powers, and the chemical tide, which is set up at a later period by the direct effect of the foodstuffs upon the gastric mucous membrane. The former is brought into activity by the higher centres; taking everything into consideration, it is the more important. Food eaten without relish and without appetite, although in itself most nutritious, may lie for hours within the stomach undigested. So, again, food eaten while the mind is diverted to other things may stay for long unacted upon, or is liable to undergo decomposition, and, irritating the mucous membrane, may lower its condition. If, therefore, dyspepsia is to be warded off, the food should be taken under such conditions that everything is directed, on the one hand, to remove the thoughts from the cares of daily life, and, on the other, to make the repast appetizing, so that the palate may be tickled and the flow of appetite-juice excited.

REMARKS UPON TEMPERATURE.—The *Medical Record* has a synopsis of an interesting article in the *British Medical Journal* as follows: "M. S. Pembrey considers first the temperature of the newly born. The conclusion drawn from numerous observations made at different times of the year and upon infants of different ages is that the power of regulating temperature is incompletely developed in the newly born. The regulation of the loss of heat is imperfect. This is markedly shown if the infant is insufficiently clothed when it is exposed to even moderate cold. The regulation of the production of heat by variations in combustion is also incomplete, and only within narrow limits can the newly born respond to changes of external temperature in a similar manner to the response of the adult. Many premature infants have been reared by proper attention to the temperature of their surroundings. Even moderate cold is not a stimulant but a depressant to premature infants, for they can regulate neither the loss nor the production of heat. The internal temperature of a healthy man shows a range from 96.8° F. to 100° F.; these are average figures for the temperature of the rectum or urine, and do not include the absolute physiological range. Muscular exercise causes a marked rise in the temperature of the rectum and urine of healthy men. There is no evidence to show that the rise in the internal temperature is injurious; it seems that it may be beneficial. Undoubtedly heat-stroke and heat-exhaustion are due to a disturbance of the nervous control of temperature, brought about in most cases by muscular exercise in unsuitable clothes and in hot surroundings laden with moisture. In the healthy man the nervous control of temperature is so well developed that his internal temperature is practically the same whether he be living in the Arctic regions or in the tropics. A man can compensate for large differences in external temperature even apart from alterations in clothing. The two natural

methods of increasing combustion are cold and exercise. Alcohol acts upon the vasomotor system and also upon the nervous control of the production of heat. The lowest temperatures recorded in men, who have recovered, appear in drunkards who have been exposed to cold. Anæsthetics rapidly paralyze the nervous regulation of temperature. Under pathological conditions the temperature of man shows a range of about 39° F., from 75.2° F. to 114.8° F. Higher and lower temperatures have been observed in moribund patients. These temperatures, however, are well authenticated, and have been observed in cases in which recovery took place"

CARE OF THE INSANE.—The *Medical Record*, quoting from an English journal, says: "The most notable feature of the *Hospital* article is its advocacy of the employment of female nurses in the care of the insane. In some districts of Great Britain this system has been followed with much success. According to the *Hospital*, the admission is made by those who have had the longest experience, both in this country and abroad, that female nursing is preferable for sick and infirm men, and it is also believed by many that the presence of women in asylum wards obviates proportionately to their number and influence those regrettable personal conflicts which tend to occur from time to time when insane men are wholly attended by individuals of their own sex. There are, undoubtedly, many cases of insanity in which women are better fitted as attendants than men. On the other hand, a large class of insane persons require male nurses, as female attendants would not, by reason of their inferior strength, be able to restrain them when violent. Perhaps the best plan would be to have in every asylum a certain number of female nurses who could take charge of those patients deemed suitable for such care by the physicians."

THE TEETH AS A FACTOR IN DIGESTIVE DISEASES AND DISORDERS.—J. A. Storck says in the *New Orleans Medical and Surgical Journal* that during dentition disturbances of the stomach and bowels increase in frequency. Cases of indigestion due to the neglect of the temporary teeth are frequent. If deformities of the vault, palate, and teeth are corrected in early infancy, much discomfort may be avoided and the patient saved from becoming a chronic dyspeptic. Bacteria multiply in a dirty mouth and tend to cause a loss of appetite. Digestive disturbances often disappear after proper care of the teeth.

PREMATURE BURIAL.—Many persons have a morbid horror of being buried alive. The *Boston Medical and Surgical Journal*, commenting upon a bill to prevent premature burial which it is proposed to present to the Legislature of Massachusetts, says: "It is an occurrence which is less likely to happen than being struck by lightning. In several cities of southern Germany establishments have existed for many years (since 1821 in Munich and for more than a century in Weimar) where the bodies of deceased persons are exposed for at least two days. The writer visited two of the cemeteries in Munich a few years since where these reception houses exist, one near the centre of the city, another outside the city across the river Isar, and learned that out of the many hundreds of thousands of corpses that have been brought to them during these many years, not one has ever shown signs of life."

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

MR. JOHN D. ROCKEFELLER has given a sum of five hundred thousand dollars (\$500,000) to the Johns Hopkins Hospital. After a careful investigation of the hospital finances the money has been given without restriction, as is shown in the following letter, written by his son to Dr. William Osler:

“29 BROADWAY, NEW YORK, April 4, 1904.

“DEAR DOCTOR OSLER: As a result of your letter to Mr. Gates, written several months since, and a letter at the same time from Dr. Welch to me, both setting forth the losses sustained by the endowment fund of Johns Hopkins Hospital on account of the recent fire in Baltimore, Mr. Murphy has, as you know, made a careful study of the situation, and from his report I learn that the losses, as nearly as can be estimated at present, are about four hundred and ninety-nine thousand one hundred and thirty-seven dollars.

“In view of the high character of work which the hospital and medical school are doing in medical instruction and research, including the training of nurses, which work he understands will otherwise be materially curtailed because of the losses, my father will give five hundred thousand dollars (\$500,000) to Johns Hopkins Hospital. This he will pay in securities or cash, as the trustees may elect.

“JOHN D. ROCKEFELLER, JR.

“DR. WILLIAM OSLER, Baltimore, Md.”

It is stated that the Austrian-Hungarian Floating Sanitarium Company, of London and Vienna, is meeting with considerable financial encouragement owing to the prominence of its chief director, Dr. Semon, physician to King Edward. The company intends to build big hospital steamers to travel about the Austrian, Italian, and French coasts—anywhere where it is warm and sunny. The accommodations will be principally reserved for people with lung trouble, and elaborate plans for their relief and cure are being worked out by eminent physicians here and in England. The company expects to start with a capital of five million dollars. It has procured favorable opinions from many medical authorities. M. Murai is the chief promotor.

PARK COMMISSIONER SCHMITT, of New York City, has given much thought since he took office to a plan for providing a series of temporary emergency hospitals in the Bronx. Hundreds of persons are injured every year in baseball, football, or golf games, and the list of skating, horseback-riding, and automobile accidents is not small. It is reported that a plan has been formed to establish tent cottages in Van Cortland, Bronx, Pelham, and other parks in the upper portion of the city. They will be designated by Red Cross flags. A doctor from one of the hospitals will be detailed to each tent.

THE new hospital buildings which are being erected and equipped by Mr. O. C. Barber, president of the Board of Trustees of the City Hospital of Akron, O., will be ready for occupancy about May 15. This hospital was opened in October, 1892, with twenty beds. The new buildings have a capacity of

seventy beds, and will cost a hundred and seventy-five thousand dollars. The present hospital building will be converted into a nurses' home.

NURSES having taken the post-graduate course offered by the Boston Floating Hospital for Infants will regret that a new boat is not forthcoming for the work of next summer. Those unacquainted with the unique features of this course of ten weeks may be interested in the announcement in this issue, also in the article by Dr. Robert W. Hastings which appeared in the April (1903) number of the JOURNAL.

THE Dorcas Club of Webster, Mass., composed of nine young girls, daughters of prominent men of Webster, has started a move for a public hospital by officially presenting to the town, in trust, twenty-five dollars as a nucleus.

HENDERSON & Co. have been awarded the contract for the erection of a convalescents' pavilion at the State Hospital for the Insane at Harrisburg, Pa., to cost seventy-five thousand four hundred and sixty-seven dollars.

THE Frankford Hospital of Philadelphia, Pa., is to have a home built for the nurses. Extensive alterations will also be made to the present hospital building.

THE Presbyterian Hospital of Atlanta, Ga., is contemplating quarters for the nurses outside the hospital.

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

DANIEL B. WESSON, the millionaire revolver manufacturer, has given one hundred thousand dollars to the Hampden Homœopathic Hospital, Springfield, Mass. A tablet will be placed in the hospital stating that it was erected in memory of his wife, which is the only condition attached.

THE managers of the Imperial Bank of Brandon, Manitoba, have undertaken to furnish one of the wards in the new addition of the Brandon Hospital.

TRAINING-SCHOOL NOTES

THE graduating exercises of the Class of 1904 of the Royal Victoria Hospital, Montreal, were held on March 21 in the hospital. The class consisted of twelve members, and the diplomas and badges were presented to each by her Excellency, the Countess of Minto. The address to the graduates was given by Dr. Buller, and contained some good advice for those who purpose following out their profession along the line of private nursing. Dr. Peterson, principal of McGill University, in thanking her Excellency for her kindness in consenting to be present on this occasion, spoke of the benefits derived from modern hospitals and modern nursing. Her Excellency replied in her usual happy manner, and ardently wished each member of the class every success as they entered upon their new field of labor. The work her Excellency has accomplished in connection with cottage hospitals during her stay in Canada will always speak of her interest in the work of hospitals and trained nurses. A very generous response was made to the invitations sent out, and many friends, not only of the graduating class but of the hospital, were present, and also availed themselves of the invitation given to the reception held at the close of the graduating exercises, where a pleasant social hour was passed. We feel very much gratified

to know that for the future the nurses will have maternity nursing added to their training, as arrangements have been made for a course of instruction at the Montreal Maternity Hospital, and some of the next graduating class have already completed their term of three months in this department. The names of the graduates are: Annie McNicholl, Margaret Purdy, Frances Day, Evelyn LeMay, Lena Campbell, Katharine Davidson, Lillian Hart, Jean Hervey, May Metcalfe, Annie Crocker, Frances Macmillan, Bessie Fairservice.

THE graduating exercises of the Training-School of the New York Infirmary for Women and Children were held Friday, March 25, at four P.M., in the amphitheatre of the college building. The main feature of the afternoon's programme was a talk on "Radium" by Dr. Robert Abbe, who held the whole attention of his audience by his presentation of the interesting subject. At the conclusion of the address the graduates were presented with their diplomas by the president of the Board of Trustees, Mr. Philip Bartlett, and the school-pins by Miss Brice, chairman of the Training-School Committee. An informal reception was held after the exercises which was largely attended by the friends of the nurses and older graduates of the school. The graduating class consists of the following nurses: Miss M. S. Graham, Miss A. L. Cooper, Miss J. M. Perkins, Miss K. de Freirz, Miss K. MacDonald, Miss C. Einersen.

THE Kingston General Hospital, Canada, has just completed a very attractive building for the nurses, which was dedicated April 6. *The Nurses' Alumnae Association* contributed two thousand dollars towards the fund for this building. Graduating exercises were held at the time of the dedication, the following young ladies receiving diplomas: Miss Carrie Edmison, Peterborough; Miss Florence Bouck, Morrisburg; Miss Jennie Birmingham, Gananoque; Miss Etta Montgomery, Peterborough; Miss Lizabell Howell, Millbrook; Miss Minnie Pixley, Kingston; Miss Grace Nourse, Sherbrooke, Que.; Miss Edythe Davidson, Rochester, N. Y.; Miss Bertha Houston, Belleville; Miss Belle Morrison, Toronto; Miss Birdie Smith, Hamilton; Miss Beatrice Armstrong, Trenton. Of these Miss Armstrong, Miss Smith, and Miss Morrison were unable to be present in person.

THE Colorado Training-School for Nurses in connection with the City and County Hospital of Denver awarded diplomas to seventeen nurses at its seventeenth annual commencement on Thursday evening, February 25, 1904. Dr. Root presided. The exercises were held in the new surgical ward, which was tastefully decorated with palms, flowers, and the national colors. Addresses were made by Dr. Stemen, Dr. J. N. Hall, and Dr. Van Zant. The diplomas were presented by Mayor Wright, and a reception and dance followed.

ON Friday evening, April 15, Miss Flaws, Miss Montgomery, and the nurses of the Kingston Hospital were "at home" in the new "Nurses' Residence" to the members of the medical and surgical staff and their wives and other friends. A most enjoyable evening was spent "Finding Kate." The invitations were sent out to meet "Our Kate." The booby prize was a little colored doll presented to one of the doctors, who had not succeeded in finding Kate any other way.

MISS CHARLOTTE M. PERRY, graduate of the Massachusetts General Hospital, Class of 1892, has resigned her position as superintendent of the Clinton (Mass.) Hospital. She was succeeded on April 1 by Miss Martha P. Parker, Massachusetts General Hospital, Class of 1890, who was formerly superintendent of the Salem (Mass.) Hospital. Miss Perry has been appointed superintendent of the Faxon Hospital, Utica, N. Y.

MRS. MARGARET S. WIBUR, a graduate of the Bishop Training-School for Nurses, has been appointed assistant matron at the House of Mercy, Pittsfield, Mass. Miss E. C. Andrews, who has been doing charity nursing in South Manchester, Conn., for the past eight years, has been appointed general office assistant.

THE Indianapolis Training-School held graduating exercises, when diplomas were awarded to the following: Misses Dora Tatum, Jemima Hull, Maude Bosley, Nellie Schwartz, Lora Gault, Lillian Smith, Edith Jackson, Margaret F. Perrill, Josephine Gerin, and Mrs. Davenport.

THE preparatory course of the Toronto General Hospital is thus far exceedingly promising. Nine students expect to graduate in June and others are entering for the second term, which commences April 11 and ends in December.

MISS STRATTON, formerly head nurse of the gynæcological building of the Kingston Hospital, has resigned to take charge of the nursing department in connection with the Deaf and Dumb Institute, Belleville, Ontario.

MISS CHARLOTTE M. PERRY, matron of the Clinton Hospital, Clinton, Mass., has resigned, and is succeeded by Miss Martha P. Parker, for many years matron of the Salem Hospital.

PERSONAL

A LUNCHEON was given at the St. George Hotel on Thursday, April 7, by the graduates of the Long Island College Hospital Training-School for Nurses in honor of Miss Sutcliffe, who has resigned the position of superintendent, very much to the regret of all who have come under her loving and helpful influence. After the luncheon was over Miss Sargent read a paper giving a history of the Training-School and of the origin of the hospital itself. The Training-School was organized in May, 1883, with Miss Irene Sutcliffe as superintendent, who, after two years, was called to take charge of the New York Hospital, when her sister, Miss Ida L. Sutcliffe, took her place, and has occupied the position ever since, a period of eighteen years. "During that time," quoting from this report, "many classes have come and gone, over three hundred nurses have been trained, graduated, and sent forth into the field of action to live their lives and do their work. In 1895 the Alumnae Association was organized and now has more than a hundred active members, with a registry and Alumnae Home, opened May 1, 1903, of which we are all justly proud. . . . We feel that Miss Sutcliffe's resignation marks the closing of the first great chapter. We cannot think of the hospital apart from her who has been the guiding influence of our lives and work within its walls." Miss Davids, the president of the Alumnae Association, then presented Miss Sutcliffe with a purse of gold concealed in a golden egg. Whereupon Miss Sutcliffe, though completely taken by surprise, with a few heartfelt and loving words of thanks spoke of how much she would always think of her nurses in her new home, where they would be ever welcome, and in which there would be many reminders of the Long Island nurses.

ON March 1, 1904, Mrs. Isabella B. Close entered upon the duties as head nurse at the Woman's Hospital, Philadelphia. Mrs. Close graduated from this

hospital in 1898 and took the post-graduate course the following year. Very soon after this she accepted the position as head nurse of the maternity ward in the University of Pennsylvania Hospital, spending three years there in the maternity and surgical wards. The past year she has been travelling abroad for rest and recreation.

MISS CORA V. NIFER, of Indianapolis, has been appointed superintendent of the L. L. Culver Union Hospital, at Crawfordsville, Ind., to succeed Miss Edna Humphrey, who resigned on account of ill-health. Miss Humphry will visit Washington, D. C., New York City, and Seattle, Wash., at which place she will remain indefinitely.

MISS AGNES DEANS, Class of 1895, Farrand Training-School, Harper Hospital, Detroit, has resigned her position of head nurse at the Children's Free Hospital, Detroit, and is succeeded by Miss Kate Douglas, also a graduate of Farrand Training-School, Class of 1903.

MISS HARRIET J. ALLYN, of the Massachusetts General Hospital, has resigned her position as visiting nurse of the Greenpoint Settlement of Brooklyn, N. Y., and accepted that of matron and supervising nurse of the St. Albans Hospital, St. Albans, Vt.

MRS. H. W. RANDALL, Class of 1896, Farrand Training-School, Harper Hospital, Detroit, has resigned as principal of the Homœopathic Hospital, Cleveland, O., and accepted the position of superintendent of the Emergency Hospital, Cleveland.

MISS MAY MONTGOMERY, Class of 1902 of Kingston Hospital, Ont., and night superintendent of Delaware Hospital, Wilmington, Del., has been appointed assistant superintendent at the Kingston Hospital.

CAN any of our readers tell the whereabouts of Mrs. Anne Rose, a Russian woman, trained in a New York hospital about fourteen years ago? For six years her mother in Russia has not heard from her.

MISS JANE MCKENZIE has accepted the position of head nurse in the Galt Hospital, Galt, Ont. Miss McKenzie is a graduate of Farrand Training-School, Harper Hospital, Detroit.

MISS ANNIE L. GOODMAN, a graduate of Farrand Training-School, Harper Hospital, Detroit, was appointed supervising nurse in the Presbyterian Hospital, Chicago, Ill.

MISS E. GRACE MCLEAY (Massachusetts General Hospital) has gone abroad and will join Miss Halton for a visit to Paris. They will return together later in the year.

MISS M. I. MONTGOMERY spent a few days in Toronto in April, and was a delegate at a mass meeting of the nurses called to organize a provincial society.

MISS EDITH CARSON, Johns Hopkins, 1902, has resigned her hospital position in New York City and returned to Baltimore to do private nursing.

MISS ELLEN LA MOTTE, Johns Hopkins, 1902, has gone to Italy to begin private nursing, and is already at work.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BOSTON.—The Boston Branch of the St. Barnabas Guild met at the Parish-House of Trinity Church on April 6. The business meeting was called to order at eight o'clock and much important business was transacted. The mite boxes, which had been given to every member of the guild in the hope that they, during Lent, would be able to give to the cause of the missionary nurse, which Bishop Whitehead so strongly advocated, were nearly all returned. The result was most encouraging, as the amount was larger than had been even hoped for—viz., seventy dollars and eighty-six cents. A proposal was read from the bishop in regard to the disposal of this fund which has been thus raised. He suggests that it be given in support of the missionary nurse to the Philippines who works under Bishop Brent and who is one of our own nurses. The cost of her support is six hundred dollars a year, and it is hoped that the whole amount may be raised. The Boston Branch has contributed more than the amount asked from them. A letter was read from Miss Abbey Loring asking for volunteer nurses to be on duty in case of sudden illness or accident during the meeting of the Woman's Auxiliary at the time of the General Convention in October. This appeal was promptly responded to on the part of the nurses present. A fund for a memorial of Mrs. Sprague, one of the oldest and most active of our members, has been raised and a discussion as to the form it should take resulted in the choice of a ciborium to be used in St. Stephen's Church. The motion was passed to entertain the General Council of the St. Barnabas Guild on October 3 and 4. This would bring it at the time of the General Convention, and the Boston Branch feels anxious to repay the hospitality which has been extended to it in years past. Miss S. B. Howe's resignation was handed in and accepted with much regret. At the service held after the business meeting Mrs. Whiteside and Miss Elizabeth Andrew were admitted as associate members of the guild, and Miss Cromley and Miss Peters were admitted as members. Mr. Bishop chose as the text for his address, "Peace be unto you." He said that this was the promise of Christ to His disciples, and that this doctrine might be preached to all the world in this spirit of peace. The greatest power lies in calm, and we must resist the temptation to feel that force lies only in unrest and action; it is, on the contrary, in calm that power can most clearly be shown, as is seen in the calm of Christ's own life. We should be inspired by it, and thus, by the process of endeavor, rise to a purer and nobler life symbolized by the Resurrection. In peace and trust and in communion with Christ should we lead our lives. The social hour after the service was, as usual, most enjoyable. Miss Constance Amory gave a great deal of pleasure by her charming playing and singing. The meeting was quite a large one, and it broke up about ten o'clock.

It has already been recorded in the notes from the Boston Branch that an invitation was extended for a delegation to visit Providence, and we

were assured that those who could accept that invitation would find a hearty welcome. The meeting was held in St. Stephen's Chapel and afterwards the Bostonians had a pleasant drive and a delightful tea at the house of the hospitable local secretary. Such an outing does much to keep alive the feeling we should all cherish for members of the guild, and we wish our branches were located more conveniently for visiting. Not that we doubt the existence of friendly feeling,—no one who has been entertained during the councils could do that,—but an opportunity for such general hospitality comes but rarely, and that is one great reason why the councils are of such value. Two things appear especially to excite that "fellow feeling" which "makes us wondrous kind." One is companionship in hard things, while exactly the same is true of having been together on joyful occasions. During a great season of rejoicing, such as a national triumph, how cheerful and jolly the crowd appears! A common impulse moves the hearts of all, and they recognize that the bond of this victory holds them together. The same is equally true of a great sorrow. During the illness of those of our Presidents who have been assassinated, we all remember that strangers fraternized in uttering their sympathy and woe. Theologians have discussed the knotty question as to whether sorrow or joy affect the heart and soul more deeply. With this side of the matter we have little to do, but nurses have often seen the almost magical effects of the extremes of human joy or woe on the characters of others. How many hard and seemingly unlovely traits disappear in the furnace of affliction! how pettiness shrivels up and blows away when the mighty wind of adversity blows! Then, too, we meet many persons who seem made to flit like butterflies through the sunshine of life. We say that such airy creatures are of no real good in the world, that they are only pretty and agreeable! Isn't it, after all, a good deal to be both pretty and agreeable, to make one's face an index of the heart? Amiability is sometimes spoken of as akin to weakness, but when it is translated by loveliness it seems well worth while. The sterling, solid qualities are nearly always prized, while tact, grace, and charm are relegated to a lower place in our esteem. Every-day experience proves that it is more common and more easy to be heroic on few and great occasions than it is to be kind and loving as a matter of daily living, while it is certainly true that nothing shows a true self-discipline more than control of our minor words and actions. How often we are disappointed in reading the lives of great men and women to find how petty they were in many things; the hero may not have been a good husband nor a fond father, and it disappoints us in our hero-worship that our idol should have feet of clay. Many an ambitious and truly noble-souled nurse has been humiliated by realizing that those of her profession who had not so many ideals as herself seemed to succeed better in winning a patient's affections. If anything may be described as the day—aye, and often the night—of small things, nursing is so, and that is one reason why it is at once such a trial and such a help to those who undertake it. We often lament that people expect perfection of us, but what is perfection but exactness in detail? By this we do not mean a machine-like performance of routine duties, but attention to little things in order to attain the finished whole. It is a little thing to say a slighting word of those who work with us, but slander is a great thing. It is an equally little thing to smile when we wish to frown, or to be silent when we burn to make a sharp retort, but "He who ruleth his spirit is greater than he that taketh a city." This is a long way, you say, from visiting councils, yet not so long, after all, when we think how the trials of our work-a-

day life are lightened by meeting those who love and wish to help us. A season of greeting and welcoming our friends is a great refreshment, and in this we may all help at least thus far. We may show our interest and cordiality in little ways, and if many of us contribute our little mite in hospitality and friendliness we need not fear that anything will be lacking in the greatness of our welcome.

ORANGE, N. J.—A meeting was held in St. Mark's Church, West Orange, on Thursday, March 24. In the absence of the rector the address was made by the Rev. Mr. Lighthipe. A business meeting followed the service and there was a fair attendance of members, but owing to the prevailing sickness which has marked this winter the number was not nearly so large as usual. No new member was received, and, as it occurred during Passion Week, no reception was held, as in former years. The Work Committee reported that good progress has been made at the monthly meeting. The fresh-air work being once more before the community, members from the branch will be appointed to serve with the joint committees, names to be announced later.

NEWPORT, R. I.—Our service in February was held in St. George's Church, after which we adjourned to Miss Hunter's studio for tea. We were very much interested in the greenhouses, which are conducted by a girls' club, and each member received a plant or flowers to keep or to give to the sick. In March, after service, which was also held in St. George's Church, the guild was entertained at the home of Mrs. Peter King. The question of "United Benevolent Work" was discussed, and it was voted to take up a collection at the St. Barnabas Day service in June for the support of a nurse in missionary fields. Music and refreshments concluded a very pleasant afternoon.



CONSTIPATION IN INFANTS AND YOUNG CHILDREN.—W. J. Trenton has a paper on this subject in *Pædiatrics* in which he says that a want of fluid drunk may be one cause of the condition, a deficiency of fat and an excess of proteid in the food another.

He emphasizes the importance of regular feeding and a change in food if necessary, whey, thin, well-cooked gruel, albumenized water, broth, or meat-juice being substituted for milk for a time. A teaspoonful of fine oatmeal made into a paste and stirred into the morning feeding of milk may be of use. Cream may be added to supply fat. Massage he considers a valuable remedy. If medicine is necessary, a teaspoonful of manna may be given in the milk, dissolved first in hot water, or a few grains of phosphate of soda, also in the milk, or fluid magnesia, or half a grain to a grain of sulphur. If there is colic and flatulence a mild cathartic should be used, perhaps a dose of castor-oil. The object is to open the bowels freely at first and then keep them open with as little artificial aid as possible. Enemata are of service to remove masses of feces at first, but their use should not be continued. Suppositories of glycerin or a cone of soap may be used.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE SEVENTH ANNUAL CONVENTION OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES, TO BE HELD IN PHILADELPHIA, MAY 12, 13, 14, 1904

THE Executive Committee of the National Association has the honor to announce that the seventh annual convention will be held in Drexel Institute, Thirty-second and Chestnut Streets, West Philadelphia, and will be opened at one o'clock on Thursday, May 12, when the registration of delegates, the presentation of badges, and the payment of annual dues (ten cents per capita) will be in order, checks to be made payable to Tamar E. Healy, treasurer.

Each alumnae association is privileged to send one delegate with one vote for every fifty of its members; those having less than fifty may send one delegate with one vote, and those having large memberships may send delegates with power to vote by proxy, providing their credentials show them to be entitled to cast such votes.

Permanent members, on presentation of credentials from their alumnae associations, will be entitled to attend all general sessions of the convention and to participate in debate on professional and ethical subjects.

The committee would impress upon the delegates the importance of a previously acquired knowledge of the subjects to be brought up for consideration (as per the letter of the committee read at the April meetings of the alumnae associations) and the necessity for prompt and close attendance during the entire session.

While the officers will not formally commence work until one o'clock, the secretary will be glad to register any delegates who may wish to present their credentials during the morning. With the railway stations so very near the Institute, and the Drexel students' lunch-room just across the street, much time may be easily conserved if those delegates who are in town will take advantage of this and register before one o'clock.

At two-thirty P.M. the convention will be called to order and the invocation made by the Right Reverend Ozi W. Whitaker, D.D., of the Diocese of Pennsylvania.

The welcome to Drexel Institute will be given by James MacAlister, LL.D., president of Drexel Institute, followed by an address by the president, Miss Mary M. Riddle.

The chairman of the Committee on Arrangements will make her report, after which the meeting will adjourn until Friday morning at ten o'clock.

From four to six o'clock a tea will be given by the Polyclinic Hospital Alumnae Association on the roof garden of the Nurses' Home, 1818 Lombard Street.

At eight-thirty in the evening a reception will be held at the Manheim Club, Germantown, by the Germantown Hospital managers.

Friday, May 13, from nine-thirty to ten, there will be an organ recital at the Institute.

At ten o'clock the adjourned meeting will be called, and after the roll-call the reports of officers and committees will be asked for, discussion thereon taking place in executive session.

After reports from the State associations are made, the section on State organizations with its discussions will be conducted.

Immediately after adjournment, if not before, delegates and visitors in possession of certificates (and every one attending the convention is asked to procure a certificate, even though she does not care for it, as it will help the secretary out in making her total) will kindly hand them in for the agent's inspection and call for them that same evening.

At four o'clock Girard College will be visited by permission of the trustees, and at eight o'clock a dinner will be given by the alumnae associations of Philadelphia.

Saturday, May 14, the adjourned meeting will be called at ten o'clock, unfinished business, new business, and the section on central directories being the order of the day.

At four o'clock an automobile trip will be made around Philadelphia and the Park.

The committee would remind all nurses that they are most cordially invited to attend all general sections of the 1904 session of the Nurses' Associated Alumnae of the United States.

MARY E. THORNTON, Secretary.

NEW YORK STATE MEETING

THE annual meeting of the New York State Nurses' Association was held in Albany, April 19, 1904, the president, Miss Annie Rhodes, in the chair.

The usual order of business was proceeded with, and the reports of the officers and of the chairman of each committee were submitted. Miss Rhodes made an impressive and forceful address, emphasizing the importance of registration and urging the members to make application at once. She also suggested that a badge or pin, in which the letters "R. N." should be very conspicuous, be adopted by the association. This was later put to vote and carried, and a committee was appointed to select the design and report at the October meeting.

The Association of Graduate Nurses of Northern New York and the Alumnae Association of the Albany Hospital invited the officers, delegates, and individual members of the association to a luncheon at the New Kenmore. At the afternoon session a vote of thanks was given these associations for the delightful entertainment and then the new business of the day was proceeded with.

The amendment of the by-laws was found to consume so much time that only Article II. and the clause referring to the Board of Examiners could be voted upon.

The following officers for the coming year were elected: President, Miss Annie Damer, Buffalo; first vice-president, Mrs. John B. Ledlie, Saratoga Springs; second vice-president, Miss M. E. Cameron, New York; secretary, Miss Margaret Sutherland, 219 West Eighty-third Street, New York City; treasurer, Miss Amanda Silver; trustees—Miss Annie Rhodes (to finish Miss Dock's term), Miss A. R. Young; candidates for Board of Examiners—Mr. L. Bissel Sanford, Mr. Charles Sears; members of the Executive Committee elected from the floor—Miss Poole, Albany; Miss Keating, Buffalo; Miss Rundell, New York.

After a vote of thanks to the retiring officers for their services during the past year, and also for the gavel which had been presented by them to the association, the meeting adjourned to meet in New York the third Tuesday in October, 1904.

JESSIE MCCALLUM, Secretary.

JUSTICE TO MRS. GRETTER

IN the April number of the JOURNAL we published an article entitled "Ethics of Nursing," giving the author as Miss Frances M. Quaife, superintendent of the Touro Infirmary, New Orleans, La. We have since had our attention called to the fact that this article was published in the *Harper Hospital Bulletin*, of Detroit, Mich., April, 1901, having been read at the meeting of the Farrand Training-School Alumnæ April 3, 1901, by Mrs. L. E. Greter, principal of the Farrand Training-School.

Miss Quaife makes no attempt to deny that the article was copied, but claims to have seen it in an old paper, the writer's name not being given, and says she did not know it was against our "rules" to accept copied articles. It is not a question of rules, but of simple honesty and courtesy, that should make a writer quite as careful not to use another person's material without giving credit as she would be not to sign another person's name. We regret that the article must remain in the April number accredited to Miss Quaife, and not to Mrs. Greter, to whom it properly belongs.

THE directors of THE AMERICAN JOURNAL OF NURSING Company have issued the following circular letter to the superintendents of training-schools:

"DEAR MADAM: The directors of this company are now making a strong effort to effect a substantial increase in the number of subscribers to THE JOURNAL OF NURSING. In order to secure the desired results we need your personal interest and influence. Through the officers and pupils of your school and your graduate nurses remarkable opportunities are open to you, and we believe that the subscription-list can be largely increased through your suggestion and advice. We feel that the interest of the pupil nurse in her future work and responsibilities can in no better way be aroused, the pride of the graduate nurse in the growth and welfare of her profession in no better way be stimulated, than through the pages of the JOURNAL, which keeps her fully informed on all such subjects.

"Every nurse should own it and read it. It is throughout the work of nurses; it is succeeding; it is doing in many ways splendid work. In many ways, however, we are anxious to improve it, and this can only be done through an increase in subscriptions.

"We make an urgent appeal to you, therefore, to bring this matter before your pupils and others under your government, and to take vigorous measures to arouse in them a fresh interest.

"We have written to the presidents of such *alumnæ* associations as we have knowledge of, asking their active coöperation in this matter. If we have failed to reach in this way the *alumnæ* association of your school, will you also kindly bring the matter before them at an early date. Yours faithfully,

"ISABEL McISAAC, President;

"A. D. VAN KIRK, Secretary."

REPORT OF THE SPANISH-AMERICAN WAR NURSES

IN the *NURSING JOURNAL* of March there appeared an account of the proposal by the president of the Spanish-American War Nurses to take a party of ex-army nurses to serve in the Japanese war. On February 11 the Japanese Minister at Washington was officially informed that war had been declared and he at once cabled for instructions regarding that offer. The reply was embodied in the following letter, received by Dr. McGee:

"LEGATION OF JAPAN,

"WASHINGTON, February 16, 1904.

"MADAM: In reference to your offer of the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese army, I have now received a telegram from the Minister for Foreign Affairs informing me that the Red Cross Society of Japan is prepared to accept their services with full appreciation of the high motive which animated you to make this offer. In doing so, however, I am asked to say the society wishes to suggest that you come over to Japan with a few nurses, as you proposed, leaving the others to be cabled for if the actual necessity should call for such a step, as in the opinion of the society it is still uncertain that such an occasion will present itself.

"I have the honor to be, with high consideration, respectfully yours,

"K. TAKAHIRA."

It is understood, however, that of the many offers of personal assistance which the Japanese received, the only one so far accepted is that of the Spanish-American War Nurses. Dr. McGee received many applications from trained nurses wishing to go with the party, but as one of the chief reasons for the acceptance of her offer by Japan was that all the nurses composing the party had had practical experience in the field hospital of our army, it was impossible to consider others.

The general self-reliant attitude of the Japanese may be seen from their refusal of the services of so famous a surgeon as Dr. Nicholas Senn, of Chicago. He has written Dr. McGee about her party as follows: "I am glad you are taking the necessary steps to send trained nurses, as in case of prolonged war they will be needed. You may count on my support in this undertaking."

The nurses composing the party are volunteers, and no salary whatever is received, although an arrangement for coöperation with the Associate Society of the Red Cross of Philadelphia was effected by which the travelling and incidental expenses of the party are borne.

As only one of the nurses composing the original party of five was from Philadelphia, at the request of the Red Cross the number was increased to ten—that giving a larger representation from Philadelphia.

The Japanese Government agrees to furnish quarters and subsistence while in Japan. Though the party goes under the provisions of the Geneva, or Red Cross, treaty, it is necessary to serve in and to be neutralized by one of the belligerent parties.

Dr. McGee has received a rare courtesy from our government in being given a special passport and letter such as are given officers of the United States army or navy who have been ordered to witness the operations of war.

An invitation had been received to travel on the last Japanese boat, the Iyo Maru, but, unfortunately, the party was detained by land and snow-slides in crossing the Rocky Mountains, and the boat was obliged to sail without them.

Their enforced wait in Seattle has been made delightful by the hospitality shown them there and from being guests in the pleasant homes of the city. Numerous entertainments and receptions have been tendered them. The nurses comprising the party are:

Miss Minnie Cooke, graduate from the Methodist Hospital, Philadelphia. Miss Cooke served for two years in the Municipal Hospital, Philadelphia. She entered the army in December, 1898, serving in the Seventh Army Corps in Cuba. She served both in the army hospitals, nursing yellow fever, and in the surgical wards of Military Hospital No. 1, Havana.

Mary E. Gladwin, graduate of Buchtel College, Ohio, and from the Boston City Hospital, where her diploma was taken *cum laude*. Miss Gladwin was for nearly a year at the Relief Station of Boston doing emergency work, and resigned her position as superintendent of Beverly Hospital, Beverly, Mass., to join the party for Japan. During the war Miss Gladwin was chief nurse at Sternburg Hospital, Chickamauga, and at Macon, Ga. In 1899 she went in charge of the nurses on board the Sheridan to Manila.

Alice Kemmer, graduate of the Missouri Baptist Sanitarium of St. Louis, entered the United States army August, 1898, going with the Seventh Army Corps to Cuba. Later Miss Kemmer started for Manila, but her orders were changed and she was sent to Tientsin and Peking, China. From there she went to Manila in May, 1901, and while in Manila Miss Kemmer received the unique distinction of honorable mention in orders from the Commanding General, she having relinquished a leave of absence to care for three cases of smallpox.

Ella B. King, graduate of Jefferson Medical College Hospital, Philadelphia, entered the service in October, 1898, and served more than three years in various hospitals of the United States and the Philippines.

Elizabeth Kratz, graduate of Blockley, Philadelphia, entered the United States army in 1898, serving in the United States and Cuba. Miss Kratz took a post-graduate course in the Women's Hospital of New York. She left the position of head nurse in the Delaware Hospital, Wilmington, Del., to become the assistant superintendent of the Meadville Hospital, but was called from the latter post to nurse smallpox in the Municipal Hospital of Philadelphia.

Adelaide Mackereth graduated from the Medico-Chi. of Philadelphia. She entered the army in the fall of 1898, going with the Seventh Army Corps to Cuba. In 1899 she sailed for the Philippines, where in Iloilo she had charge of the operating-room until March, 1902.

Adele Neeb graduated from the Presbyterian Hospital, Philadelphia, where she remained as head nurse for six months. She entered the army in the fall of 1898 and went with the Seventh Army Corps to Cuba.

Sophia Newell graduated from Christ Hospital, Jersey City, N. J. She served at Fortress Monroe, Va., and Albany, Ga., during the war.

Genevieve Russell, graduate of Asbury Methodist Hospital of Minneapolis, Minn., entered the army in 1898 and went with the Seventh Army Corps to Cuba. In 1899 she sailed in charge of the nurses on the Logan for Manila. She was sent to Iloilo as chief nurse, where she remained until August, 1900. Returning to Cuba in 1901, Miss Russell served as head nurse and then as superintendent in the Civil Hospital of Havana and Cienfuegos. Returning to New York City in August, 1903, she completed a post-graduate course in the General Memorial Hospital of that city.

Intervals in the nursing history of these nurses were, of course, filled in by private work.

The party sailed from Seattle on the Shawmut April 1, and they will be met upon their arrival in Yokohama by a representative of the Minister of Foreign Affairs, who will give further instructions.

ANITA NEWCOMB MCGEE, President.

REPORT OF THE CLASS IN HOSPITAL ECONOMICS

To Miss Banfield, Chairman.

The Class in Hospital Economics, Teachers College, do respectfully submit the following report for March, 1904:

The weekly excursions have been to places of unusual interest: New York Hospital, new Mt. Sinai Hospital, Sloan Maternity, Vanderbilt Clinic, and College of Physicians and Surgeons.

Through the courtesy of Miss Maxwell we had the privilege of attending a surgical clinic, and two demonstrations given by the senior nurses at Presbyterian Hospital.

To the superintendents of the various training-schools and their assistants we are deeply indebted and most grateful, not only for the many courtesies and kindly spirit of helpfulness shown, but also for many valuable practical points gathered from their experience, which has been no small part of our instruction here.

The patience and forbearance with the many questions of the class (for which we have a merited reputation) have been phenomenal.

The extra lectures for the month in place of work with Dr. Wood, whose health, we regret very much, is still keeping him in Arizona, were two lectures by Dr. Jelliffe on nervous disorders, and a nurse's special duties in caring for such patients. Dr. Jelliffe believes that nurses, taking up this special work should, besides being otherwise well qualified, having a thorough understanding of psychology.

The other lectures were by Dr. Bastedo on methods of presenting the subject of materia medica to a class of nurses, supplemented by a visit to his laboratory at the College of Physicians and Surgeons. Many valuable suggestions were given, the aim being to gauge how much of the "dead wood" of this voluminous subject may be cut out, and how to make the subject interesting and at the same time of value to the nurse.

Several of the class took advantage of the short Easter vacation by visiting training-schools and other points of interest in and about Boston. All are planning and looking forward with pleasure to attending the Associated Alumnae meeting at Philadelphia in May.

COMMITTEE OF STUDENTS.

[Miss Alline's report is practically a duplicate of the above with the exception of the closing paragraph, which is given verbatim.—ED.]

"The only regret of a serious nature is that of a depleted treasury. The present sum on hand is not sufficient to cover outstanding bills. It certainly is a good work, as shown by the demand for it, but a structure without a foundation seems anything but permanent. Every advance in the work is another step in the dark. This is the fifth class to graduate. The work has grown in every particular excepting financially. Respectfully submitted,

"ANNA L. ALLINE.

"March, 1904."

STATE MEETINGS

CANADA.—A mass-meeting of nurses was held in St. George's Hall, Toronto, on Saturday, April 2, at two P.M. Delegates from London, Hamilton, Ottawa, St. Catherines, Woodstock, Stratford, Sarnia, and several other places were present, with a good representation from the various city hospitals. Mrs. Pafford, president of the Alumnæ Association of Toronto General Hospital, was in the chair.

It may be remarked in passing that Mrs. Pafford has done more to arouse interest in matters relating to the organization of nurses than any other woman in Ontario. The society of which she is president has doubled its membership during her term of office, and she has been the means of inducing nurses of sister schools to organize.

Mrs. Pafford in a brief address laid before the meeting the objects of the society which the meeting had been called together to organize, and introduced Miss Damer, of Buffalo, who in a clear and interesting address told what has been done in New York State, from the initial step to the passing of the bill requiring State examination and registration of nurses. She urged the nurses of Ontario when they should have got a bill passed to register at once.

Dr. Helen Macmurchy followed and told of the benefits to the medical and legal professions from Provincial registration.

Miss Snively, Toronto General Hospital, was the next speaker. She spoke of the two attempts at legislation for nurses which have already been made in Canada, and urged the necessity for unity of purpose in the next attempt to be made, and concluded by moving a resolution to the effect that a society of the graduate nurses of the Province of Ontario be formed. This was seconded by Miss Hollingsworth, of St. Catherines, and agreed to unanimously by the meeting. The following officers were elected: President, Miss Elizabeth Campbell Gordon, Emergency Branch of Toronto General Hospital; first vice-president, Miss Wartman, Kingston; second vice-president, Miss Rice, Ottawa; secretary, Miss Julia Stewart, 12 Selby Street, Toronto; treasurer, Miss J. Hamilton, 481 Church Street, Toronto.

JULIA STEWART, Secretary.

NEW ORLEANS, LA.—On March 16 the Louisiana State Nurses' Association was organized at New Orleans. The small number of schools in the State simplifies the question of membership, making it individual.

The ultimate object is State registration, which will not be as difficult to obtain as in States where the standard is less uniform, no school represented having less than a two-years' course with general hospital work.

The officers for the ensuing year are: President, Miss F. M. Quaife, graduate New York Hospital, superintendent Toronto Infirmary, New Orleans; first

vice-president, Miss K. Dent, graduate New Orleans Sanitarium; second vice-president, Miss L. B. Walsch, graduate Charity Hospital, New Orleans; secretary, Miss L. M. Bushey, graduate Cleveland Training-School for Nurses; treasurer, Miss M. Mackenzie, graduate Hotel Dieu, New Orleans.

MICHIGAN.—A meeting of the graduate nurses of the State of Michigan will be held in Detroit May 10, beginning at nine-thirty A.M. The place of meeting is Chaffee Hall, corner of Willis and Woodward Avenues. The meeting is called for the purpose of forming a State association of nurses and to consider a plan for State registration. A large attendance of nurses is desired. Hon. W. H. Maybury, Mayor of Detroit, will deliver an address of welcome. Addresses will be given by Judge C. A. Kent and Dr. J. H. Carsten on "State Registration." It is desired that each nurse will come prepared to state her views on this subject.

NORTH CAROLINA.—The Board of Examiners of Trained Nurses of North Carolina will meet for the examination of applicants at the Olivia Raney Library Building, Raleigh, N. C., at eleven-thirty A.M., May 24, 25, 1904. Applicants will please send their names to the secretary by May 21. Private boarding places will be secured for those who so desire.

M. L. WYCHE, Secretary and Treasurer.

NEW YORK STATE.—The first examinations in practical nursing will be held in New York State in New York, Albany, Syracuse, and Buffalo on June 21, 1904. Full particulars will be given in the June number of this JOURNAL. (See October, 1903, number, pages 52, 53.)

NORTH CAROLINA.—The second annual meeting of the North Carolina State Nurses' Association will be held in Raleigh, N. C., May 26, 27. The exercises will be held in the Olivia Raney Library Building.

REGULAR MEETINGS

NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx held a regular meeting on April 11 at the League for Political Education, the president in the chair. The attendance was larger than usual. This was particularly pleasing, because many of the nurses who were present are engaged on private duty, and so often find it difficult to attend the meetings. Yet one of the primary reasons for forming this association was to provide some place where the large number of nurses who are not graduates of New York schools, but who are engaged in private practice in this city, might meet regularly and discuss subjects of interest in our profession and keep in touch with all advancement. Recognizing the difficulties in the way of the private nurse attending meetings, we have tried to arrange the time of our meetings in the afternoon, during the hours the nurse on private duty is more apt to be free, and we are correspondingly pleased when advantage is taken of this opportunity. Seven applications were recommended by the Membership Committee. Miss M. L. Daniels and Miss A. S. Bussell were elected delegates to the State Society. The list of candidates for office in the State association was voted upon, and the delegates instructed to cast the seven votes of the association in accordance with this ballot. They were also instructed as to the views of the association in regard to the revision of by-laws in the State association, but were left free to vote as the occasion required.

ORANGE, N. J.—The regular meeting of the Association of the Orange Alumnae was held on March 16, at 449 Main Street. The meeting was opened by the president, Miss Margaret Anderson, about thirty members answering to the roll-call. An announcement was read from Miss Margaret Pierson, the president of the Training-School, that she would be "At Home" the last Wednesday of every month, and would be glad if any of the graduates would drop in for a cup of tea. Eight new members were elected. Announcement was made of the marriages of Miss Heckel and Miss McGlashan. Reference was made to the anti-tuberculosis movement recently started in the Oranges, and as the committee had requested the coöperation of the alumnae a member was chosen to represent the association in furthering the advancement of this work. Two delegates were elected to attend the convention of the Associated Alumnae, to be held in Philadelphia in May, and the alumnae will be represented by two members at the Berlin convention in June, one as delegate for the New Jersey State Nurses' Association. Dr. Frank C. Bunn kindly gave a most interesting and instructive illustrated talk on the X-ray which was thoroughly appreciated by all, after which the meeting adjourned and a pleasant social time followed.

INDIANAPOLIS, IND.—The Graduate Nurses' Association of Indianapolis, Ind., elected officers for 1904 as follows: President, Miss Johnson; vice-presidents, Misses Earnest and Corliss; secretary, Mrs. Belk-Brown; assistant, Miss Gerard; treasurer and registrar, Miss Hale. Late in the year 1903 money was subscribed by most of the members of our association for the furnishing of a room in the Indianapolis City Hospital for use of the members of our association in case of sickness. On February 22, 1904, the Indianapolis Association entertained at the Grand Hotel the Indiana State Association. During the entire day at least one hundred nurses attended. Luncheon was served at noon, to which seventy-four nurses sat down. It was a very enthusiastic meeting. A movement is now being made to have our association incorporated. Many interesting talks have been given during the past year by physicians or others interested in our work, most of which have been from a professional point of view. At the March meeting Dr. Rebecca R. George read a paper, and at the close of the meeting the president, Miss Johnson, served tea. Miss Johnson leaves in April for a four-months' visit in California.

CHICAGO, ILL.—The monthly meeting of the Alumnae Association of the Illinois Training-School for Nurses was held on Thursday, April 7, at the Nurses' Home, with Miss Sophia F. Palmer, editor of the JOURNAL, officers of other local associations, and their delegates to the Associated Alumnae as guests. Forty members were present and twenty guests. The western officer, Mrs. E. B. Hutchinson, presided, and a most interesting and profitable afternoon was passed. The purpose of the meeting was the instruction of delegates on the questions to come before the Associated Alumnae in May. Miss Palmer gave some interesting information on the subject of the JOURNAL, its origin, its present field, and its future. A majority were in favor of the Associated Alumnae making an effort to own the JOURNAL this year, and about one hundred dollars was subscribed by individual members in a short time. Other subjects discussed were the proposed amendment on membership, or eligibility, to the constitution and the advisability of admitting State associations and local clubs to membership. After the business meeting a social hour was enjoyed, during which light refreshments were passed.

BROOKLYN.—The annual meeting of the Long Island College Hospital Alumnae Association was held on April 12, when there was a good attendance. The officers for the coming year were elected as follows: President, Miss Davids; first vice-president, Miss Grace Slingerland; second vice-president, Miss Young; recording secretary, Miss Sargent; corresponding secretary, Miss Clara Hall (163 Congress Street); treasurer, Miss Burdick; directors—Miss Elizabeth Hall, Miss Johnson, Miss Charlotte Arnold, Miss Ida L. Sutcliffe, Miss Jessie E. Wiley. The annual report shows that the first year of the new registry has been most successful in every way. Congratulations were given to the president, Miss Davids, and the committee for their very good work by Miss Sutcliffe, who, to the regret of all, was present for the last time as superintendent of the Training-School. Three new members were proposed. During the year forty-three new members have been admitted, making a total of one hundred and sixty members. Miss Davids and Miss Sargent were chosen as delegates to attend the convention of the Associated Alumnae to be held in Philadelphia in May. The meeting then adjourned.

PHILADELPHIA.—The eleventh annual meeting of the Alice Fisher Alumnae of the Philadelphia Hospital was held at the Club-House, 804 Pine Street, on April 4, 1904. In the absence of the president the first vice-president, Miss Malloy, took the chair. A fair attendance made the meeting very interesting, and all present were filled with the spirit of business. It was decided to make application for readmission to the Associated Alumnae. The advisability of a directory at the Philadelphia Hospital for the benefit of their alumnae was discussed. It was resolved that monthly meetings be held at the Club-House on the first Monday of each month at three P.M. Miss Malloy, the delegate to the meeting of the State Nurses' Association held in Pittsburg in October, and also to the meeting in Harrisburg in January, presented an entertaining report. Refreshments were served, after which the following officers were elected for the ensuing year: President, Miss Malloy; first vice-president, Miss M. Lewis; second vice-president, Miss A. Wrigley; secretary, Miss Anna Rindlaub; treasurer, Miss M. A. Hayes; Executive Committee—Miss H. Buckman, Miss E. M. Gainor.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular meeting at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, April 12. The meeting was called to order by the president, Miss Silver. Then followed the reading of the minutes of the last meeting by the recording secretary, Miss Grace Forman. The financial secretary, Mrs. Clinton Stevenson, was very busy receiving annual dues. A report of trustees' meeting was read by Miss Rosetta Forman, secretary of that board. Dr. Charles E. Quimby was introduced and gave a most interesting lecture on fevers. The routine business was then taken up, but, unfortunately, a number of nurses had been obliged to leave. After the meeting the nurses adjourned to the banquet hall. The refreshments which followed were a donation from Miss M. C. Muldoon.

WEST CHESTER, PA.—The Chester County Nurses' Association held a special meeting on Friday afternoon, April 8, at three o'clock, in the lecture-room of the Chester County Hospital. The meeting was called to order by the president, Miss Constance Curtis, of the Phoenixville Hospital. The minutes were read by the secretary, Miss Elizabeth Schelly, of the Chester County Hospital. After the reading of the minutes the vice-president, Miss Julia King, of the Chester County Hospital, read the constitution and Code of Ethics, which were approved and

signed by all present. A very interesting report of the State meeting held in Harrisburg was read. After the transaction of some other minor business the meeting stood adjourned. The next meeting will be held on the first Thursday in June (second), at the Phoenixville Hospital.

NEW YORK.—The adjourned stated meeting of the New York County Nurses' Association was held on Tuesday evening, April 5, at the Laura Franklin Hospital, Miss Silver in the chair. There was a goodly attendance of delegates and visitors, the Executive Committee especially demonstrating its realization of the responsibility resting upon it, nine of its members being present. New York City nurses should avail themselves of this opportunity to get in touch with nursing affairs by making application for membership at once. The next meeting is to be held on the first Tuesday of May, at eight o'clock in the evening, at the New York City Training-School, Blackwell's Island. Members and guests should be at the boat-landing, foot of East Fifty-second Street, a few minutes before eight o'clock.

PHILADELPHIA.—The Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, held its annual meeting on Tuesday afternoon, April 5, in the lecture-room of the hospital. Ten members were present. After the routine business was transacted the election of officers took place with the following result: President, Miss McCoy; first vice-president, Miss Altshuler; second vice-president, Miss O'Sullivan; secretary and treasurer, Miss Halsey. The alumnae will give a banquet to the graduating class on May 24 at eight P.M., and it is hoped that our distant members will attend. The State society work and that of the Associated Alumnae were discussed briefly, and the meeting adjourned to enjoy a "Birthday Feast" provided by the members.

PHILADELPHIA.—The regular monthly meeting of the Alumnae Association of the University Hospital was held on Monday, April 4, 1904, the president, Miss Rudden, in the chair. The usual routine of business was transacted and interesting discussions took place on the following subjects: State Association meeting to be held at Wilkes-Barre, April 20 and 21, 1904; the convention of the Associated Alumnae in Philadelphia, May 12, 13, and 14, 1904, and the International Congress in Berlin in June, 1904. Contributions to the "Endowed Room Fund" come in very slowly, and delinquent members are requested to send in their subscriptions before the annual meeting in June. The meeting was well attended. After adjournment, coffee and cake were served.

BROOKLYN.—A well-attended regular meeting of the Mt. Sinai Alumnae Association took place in the Ladies' Auxiliary room of the Mt. Sinai Hospital on April 7, at two-thirty P.M. Seven new members were admitted and four new candidates proposed. Miss Bertha Kruer, of 635 Park Avenue, was appointed treasurer of the Ellen Robinson Fund. Miss G. Greenthal was appointed delegate to represent the association at Philadelphia in May at the convention of the Associated Alumnae, Miss Bertha Kruer being alternate delegate in case Miss Greenthal cannot attend. The resignation of the association from the State organization was withdrawn, and it is still, therefore, a member of that body.

NEW YORK.—A very interesting meeting of the Nurses' Alumnae Association of the New York Post-Graduate Hospital was held at the Margaret Fahnestock Training-School on April 5. The following delegates were appointed for the coming meetings: To the State meeting in Albany, Miss Jacobus, Miss Fraleigh, Miss Selden; to the National meeting in Philadelphia, Miss Ehrlicher and Miss Van Zandt; to the International meeting in Berlin, Miss Ehrlicher. A very pleasant euchre party was given at the Training-School in February for the benefit of the fund for sick nurses. The proceeds from this entertainment, with dues, etc., gives the fund a start of considerably over two hundred dollars.

CLEVELAND, O.—The Graduate Nurses' Association held its regular meeting on Tuesday, March 29, the president in the chair. Miss F. F. Wright, delegate to the State Convention, held in Cincinnati in January, gave an interesting account of what has been accomplished, after which Dr. George W. Crile read a very instructive paper on "Nursing in Operations in Private Houses," which was greatly enjoyed by all present. Three new members were admitted to the association, Mrs. L. G. Thurman, Miss Isabel Clohecy, and Miss Gertrude McKenzie. A hearty vote of thanks was given to Dr. Crile, after which the meeting adjourned to the last Tuesday in April.

DENVER, COLO.—The Graduate Nurses' Association held its fifth annual meeting at the Young Women's Christian Association Building on March 7, 1904. Roll-call showed a membership of seventy-four. After the reports of the past year's work were read, the following officers were elected for the ensuing year: President, Miss L. G. Welsh; vice-president, Miss L. M. Fowler; secretaries, Mrs. M. J. Thurston and Miss L. Perrin; treasurer, Miss W. A. Donaldson. Dr. T. E. Taylor addressed the meeting. The question of State registration is being considered.

BUFFALO, N. Y.—The regular meeting of the Nurses' Alumnae of the Buffalo Hospital, Sisters of Charity, met at the hospital on April 13, at three P.M. After the usual items of business were disposed of Miss H. Greaves, the secretary, read a very interesting paper, "A Nurse's Experience during the Typhoid Fever Epidemic in Butler, Pa." The Board of Directors and committees were appointed. After the meeting adjourned refreshments were served and the association was entertained by the Senior Class of 1904, and a very pleasant hour was spent socially.

PHILADELPHIA.—The regular meeting of the Alumnae of the Woman's Hospital was held at 1227 Arch Street, April 13, 1904. There was a large attendance, and letters were received from several regretting their inability to be present. The meeting was called to order by the president at four P.M. The minutes were read and new business discussed. After adjournment those present were entertained by Miss Hannum by an afternoon tea. An invitation was received from Dr. Seabrooke to hold the June meeting at the Woman's Hospital.

PHILADELPHIA.—The Alumnae of the Pennsylvania Hospital held its stated meeting in the Nurses' Home on March 17. The principal topic discussed was the convention of the national association. The members of the alumnae look forward to meeting many old friends and making many new ones, and feel

assured the nursing world will be given an impetus by the discussions of the national association.

BOSTON.—The Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses gave a dinner to the Class of 1904 at the regular monthly meeting, which was held at the Copley Square Hotel on March 29. A goodly number were present, and all agreed that the social event was a decided success.

DETROIT.—At the annual meeting of the Farrand Training-School Alumnae, Harper Hospital, the following officers were elected: President, Emily A. McLaughlin; first vice-president, Rose Smith; second vice-president, Melissa Collins; treasurer, Elizabeth McClaskey; secretary, Lulu E. Durkee.

PHILADELPHIA.—In the absence of a quorum the Philadelphia County Nurses' Association held no meeting Wednesday, April 13, 1904.

MARRIED

ON April 7, in Washington, D. C., Miss Alice Witman, of Washington, to Dr. John Martin Taylor. Miss Witman is a graduate of the Johns Hopkins Training-School, Class of 1902, and since graduation has been head nurse of the surgical operating-room and of a private ward in the hospital. Dr. Taylor was formerly on the hospital staff for a short period, but for several years has been practising in the far West.

AT Syracuse, N. Y., on March 17, 1904, Alice A. Williams, graduate of the Central New York Hospital for Women and for a number of years superintendent of the Women's and Children's Hospital of Syracuse, N. Y., to Charles E. Capron, of Suffield, Conn.

MARCH 13, at Gregory, Tex., Miss Nellie J. Hobbs, a graduate of the Massachusetts General Hospital Training-School, Class of 1900, to Mr. George Miller, of Gregory, Tex., and formerly of Markham, Ontario, Canada.

ON Wednesday, March 30, 1904, Miss Mina May Reed, graduate of the University of Pennsylvania, Class of 1893, to Dr. Charles Leonard Wakeman. Dr. and Mrs. Wakeman will reside in East Branch, New York.

OBITUARY

It was with deep regret that the Alumnae Association of the Hartford Hospital learned of the very sudden death of Miss Lilian C. Catlin, which occurred at the home of Mrs. Henry W. Fuller, Hartford, Conn., on March 27, 1904, of pneumonia.

Miss Catlin graduated from the Hartford Hospital in the Class of 1885, and much of her private work was done in Hartford, though for a few years she was with Dr. Howard Kelley in Baltimore. She was a charter member of the Alumnae Association and thoroughly devoted to its interests.

At a special meeting of the Alumnae Association the following resolutions were adopted:

“Resolved, That we as an association have lost a sincere friend and the profession a highly esteemed member.

"*Resolved*, That we sincerely sympathize with her family in their bereavement.

"*Resolved*, That a copy of these resolutions be sent to her family and to THE AMERICAN JOURNAL OF NURSING.

"MARTHA WILKINSON,
"MARY ROGERS,
"LUCY WAY."

At the Marcus Hospital, New York City, Miss Jessie J. Brumbaugh, of State Line, Pa.

Miss Brumbaugh was a graduate of the Maryland General Hospital, Class of 1902. She was a capable and dutiful nurse and endeared herself to her patients, friends, and classmates by her bright and genial disposition.

The following resolutions were adopted by the Maryland General Hospital Training-School Alumnae Association:

"WHEREAS, Death has removed from our circle a most esteemed member:

"*Resolved*, That we, the members of the Maryland General Hospital Training-School Alumnae Association, extend our heartfelt sympathy to her family.

"*Resolved*, That a copy of these resolutions be sent to the family of the deceased member, and also that they be recorded on the minutes of the association.

"ELSIE FERGUSON,
"V. LORENTZ,
"L. FASBURG,
"Committee."

AFTER a lingering illness, borne with her characteristic fortitude and patience, Miss Agatha Crofton passed peacefully away on Tuesday morning, March 15, 1904, in Yuma Valley, Arizona, aged twenty-seven years. Miss Crofton was a graduate of Lakeside Hospital, Chicago, Ill., of the Class of 1899, and was a most successful nurse in private practice until her illness began, two years ago. Her gentle, loving disposition won her friends among all with whom she came in contact. Her body, accompanied by her brother, was taken to her home in Lindsay, Ontario, Canada, for interment.

OF typhoid fever, at the House of Mercy Hospital, Pittsfield, Mass., on Tuesday morning, January 26, 1904, Miss Ellen MacDarby, thirty-one years of age.

Miss MacDarby was a graduate of the Class of 1898 of the Bishop Memorial Training-School for Nurses belonging to the House of Mercy Hospital. She had been caring for a patient who was sick and died with typhoid fever. She went without rest to another patient and worked on until utterly unable to do more. She died after an illness of less than three weeks.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE NURSING SYSTEM OF ITALIAN HOSPITALS

(Continued from page 565)

IN our last number we gave some account of the nursing system of Italy and tried to show its mediæval character and the difficulties in the way of modern nursing reforms. This month we shall try to give our readers an outline of what is being done along modern lines, and of the personalities of several nurses, who, realizing the urgent need of improvement, are laboring each in her own way to bring about a more enlightened system of nursing and a more rational environment for the nurse.

These modern nurses seem no less admirable than the reformers of the Middle Ages. Their patience, courage, and love of humanity are as great as those of the saints, and their health is better. If they are not canonized some day, at least they deserve to be.

In Florence, there is Miss Turton; in Rome, Signora Celli; in Naples, Miss Baxter. Then there are Miss Tonino and others of Miss Baxter's graduates.

Miss Turton was the pioneer in Italy. She is English, but through long residence has devoted herself to Italy. For quite a long period of years she has been striving to educate, planting seeds, getting things started, working in hospital herself, and leavening her public with the ideas of an educated and intelligent nursing service.

To revolutionize such a system as one finds in Italy, which has been supreme for a thousand years, is not done as easily as were hospital reforms in England and America, though these were difficult enough, and Miss Turton, believing—as we think, wisely—that it would be fatal to antagonize the existing order, has sought to graft the new on to the old and to introduce new ideas and methods gradually by obtaining permission from the nuns to have pupil-nurses enter the wards and pass through a course of practical work under her own and the physicians' supervision.

It seems altogether probable that in no other way could a beginning have been made—especially as no demands had come from the medical profession for a change. Had they been dissatisfied, as in France, the question might have been different, but here, with no professional or popular discontent with hospital methods, it is hardly conceivable that with less tact, or with more aggressiveness, it would have been possible to gain the foothold which was all-important at the outset.

Miss Turton, having made and held her point of vantage, and being directly occupied in Florence, saw the opportunity of securing wards in Naples, interested the right people, and sent for Miss Baxter, who had just graduated from the Johns Hopkins Hospital.

Miss Baxter was born in Italy, of English parents, and grew up in Italy. Her coming to the Johns Hopkins was one of those unpremeditated acts which

later appear so like destiny. At the very moment when she was prepared for it her work was ready for her, and she took it and has kept it to this day—the right person in the right place: a perfectly trained nurse, practical and sagacious, commanding the respect of the men and the devotion of her pupils.

In the beautiful old pink-and-yellow stuccoed General Hospital of Naples—one of the prettiest of all the cloister hospitals—she has built up a real training-school for nurses, the only thing of the kind to be found in Italy. The pupils are educated gentlewomen, and their earnestness is shown in the fact that they receive no compensation whatever from the hospital, but live entirely at their own expense, with the sole exception of a daily luncheon in the hospital. Their thorough teaching and genuine work are worthy of their teacher's Alma Mater.

Here, for the first time in Italy, one sees well-kept adult *patients*. Not only are the wards orderly and well-managed, but the patients are cared for through and through, and this makes the contrast with other large hospitals most striking.

This school is now in its ninth year, has thirty-five graduates, twenty-five of whom are in active duty and very successful, and is firmly established in the appreciation of the medical staff. Beginning with one ward, it now nurses seven, and only those who have visited Italy can realize the patience and ability necessary to attain this result, which to us may seem small for such a length of time.

Signora Celli, in Rome, is also a trained nurse, having the diploma of the great General Hospital of Hamburg, one of the largest and most modern in Germany, where a most extensive and varied service is to be had and where discipline and professional standards are very high. She has been married for some few years to Professor Angelo Celli, of Rome, who has done so much work in malaria and who is now, as a member of the Italian Parliament, working for legislation to enforce methods of prophylaxis against malaria.

Madame Celli has assisted her husband in much of his work, going through the Roman Campagna, taking blood specimens and making counts, and noting the results of the "control" experiments. They are both ardent social reformers as well as thoroughly professional, and he is as much interested in her nursing questions as she is in his scientific work. In her opinion it will be possible to interest many young teachers, for whom there are now not enough positions, in nursing as a profession.

Madame Celli has also made extensive studies of the conditions of the "nurse-servants" and has written articles on the same, from which we hope to quote later and which will show her opinions.

The condition of the children of the poorest classes also appeals strongly to them both, and Professor Celli has written a pamphlet describing the wretchedness of the peasants of the Campagna.

It will throw some light on the difficulties of the work before the Cellis to know that by conservative Italians of the older régime they are looked upon as dangerous innovators, only to be spoken of with bated breath.

Miss Tonino, one of Miss Baxter's graduates, and a most charming young Italian, full of intelligence and of a firm and courageous nature, has been working for five years in Rome in one of the large general hospitals, where nuns are in full charge.

She is permitted to train a class of her own pupils in these wards; but without proper facilities for teaching, without power to regulate work, without responsibility for the sick, and being there only, as it were, on sufferance, I



MEDALLIONS ON FRONT OF FOUNDLING HOSPITAL



FOUNDLING HOSPITAL IN FLORENCE. LOGGIA ON COURT

must say the effort seemed to me quite hopeless. While at the outset this may have been the only way, it now seems impossible to make any further advance while so restricted. It is a clear case of new wine in old bottles. Until the nurses can have wards to themselves as Miss Baxter has, they will not be able to give the object-lesson or make the impression which could be made by a sharp contrast.

It will be seen, however, that the beginnings of a new order have been made in Italy, and one must wish it all success. The Italian nature is so lovable and the Italian heart so warm that these young women should be ideal nurses when education is added to their other gifts.

LETTERS

VISITS TO ITALIAN HOSPITALS

(Continued from page 567)

ANOTHER most charming Italian hospital is the Ospedale degli Innocenti, in Florence. It is really a home for foundlings, managed on a scientific basis and with provision for sick and premature babes.

As some of the Italian hospitals are open to much criticism, I shall describe some of the good ones first, and the hospitals of Florence seem to be very well kept and managed, both from the medical and general standpoint.

The Foundlings Hospital is managed by Sisters of Charity, and the babes have foster-mothers, except, of course, such as are ordered artificial feeding by the physicians.

It would be hard to find a place of the kind more immaculately and beautifully kept, or babes more exquisitely cleanly and sweet from the skin out. Their beds were spotless all through, and we inspected them down to the mattress.

The wards are very attractive, the beds being oval baskets like those of the Infirmary in New York, but supported on an iron upright and small frame instead of brackets. All clean diapers were kept in a hot-air closet in the wall.

In a large dressing-room was a big, square table, and in the middle of it was a fountain fixture with faucet, worked by pedals underneath, surgical wash-stand fashion, from which flowed, when needed, a stream of warm boracic-acid solution. The table was padded and covered with rubber sheeting, and sloped on all sides towards the centre, where the stream drained off. Beside the fountain stood a jar of pledgets of cotton for the eyes. It seemed to me as excellent a bit of detail as I had ever seen. I think too I have never seen anywhere a more generous amount of cubic airspace per bed than was allowed to these babies.

The floors of this hospital were of dark-red, square, brick tiles, filled in some way so as to be quite smooth. The buildings are rather old, but charming architecturally, with the Lucca della Robbia plaques on the front, and with the large central court.

I confess it was a mystery to me just how this institution was, apparently, so faultlessly kept. If the foster-mothers and servant-nurses actually do the work under the supervision of the sisters, then they both deserve compliments. It appeared too as if the physicians must be very exact in their requirements, and as if a good deal of the credit must be due to them for the details.

There, of course, are all the details of asepsis in the care of eyes, and the

very minute and thorough methods practised for avoiding specific infections, of which Miss Turton told me.

An admirable modern hospital in Florence is the Ospedale Meyer for Children. It is built on the single pavilion plan, the pavilions being connected by a broad, glass-walled corridor. The service includes all branches, the infectious pavilions standing in a group by themselves on the large grounds. The operating-rooms and surgical dressing-rooms are well-planned and are in conformity with the requirements of a strict asepsis.

Besides steam sterilization they prepare dry, sterile absorbent cotton in a way that was new to me. They use a large, double iron pan, something like a big waffle-iron, but smooth. The cotton layers go in this and the cover clamps down, and the cotton is baked to a light brown color. There are fine clinical and pathological laboratories, rooms for microscopy, photography, and bacteriological work in this hospital. They have X-rays, and a well-fitted up gymnasium for orthopædic cases, with appliances for passive and active exercises. They use the Lorenz method a great deal with excellent results.

The pavilions for infections are simple and well-planned. Patients, clothing, and attendants go in at one side and come out clean and disinfected by regular stages at the opposite end.

Through Miss Turton's kindness I saw this hospital under the guidance of the resident physicians, young men whose extreme courtesy and enthusiasm in their work made the visit especially delightful.

The housekeeping side of this hospital was also very attractive. The kitchen is a fascinating one, clean and shining, with all manner of quaint devices in brass and copper and wrought-iron. The linen of the house was beautiful, the doctors' white gowns even having embroidered initials worked by the nuns, and in the wards when the children were having their lunch I noticed a diet that seemed to me highly commendable—namely, broth with a fresh raw egg stirred into it just before taking.

I did not succeed in getting to the Obstetrical Hospital, which is said to be so admirable.

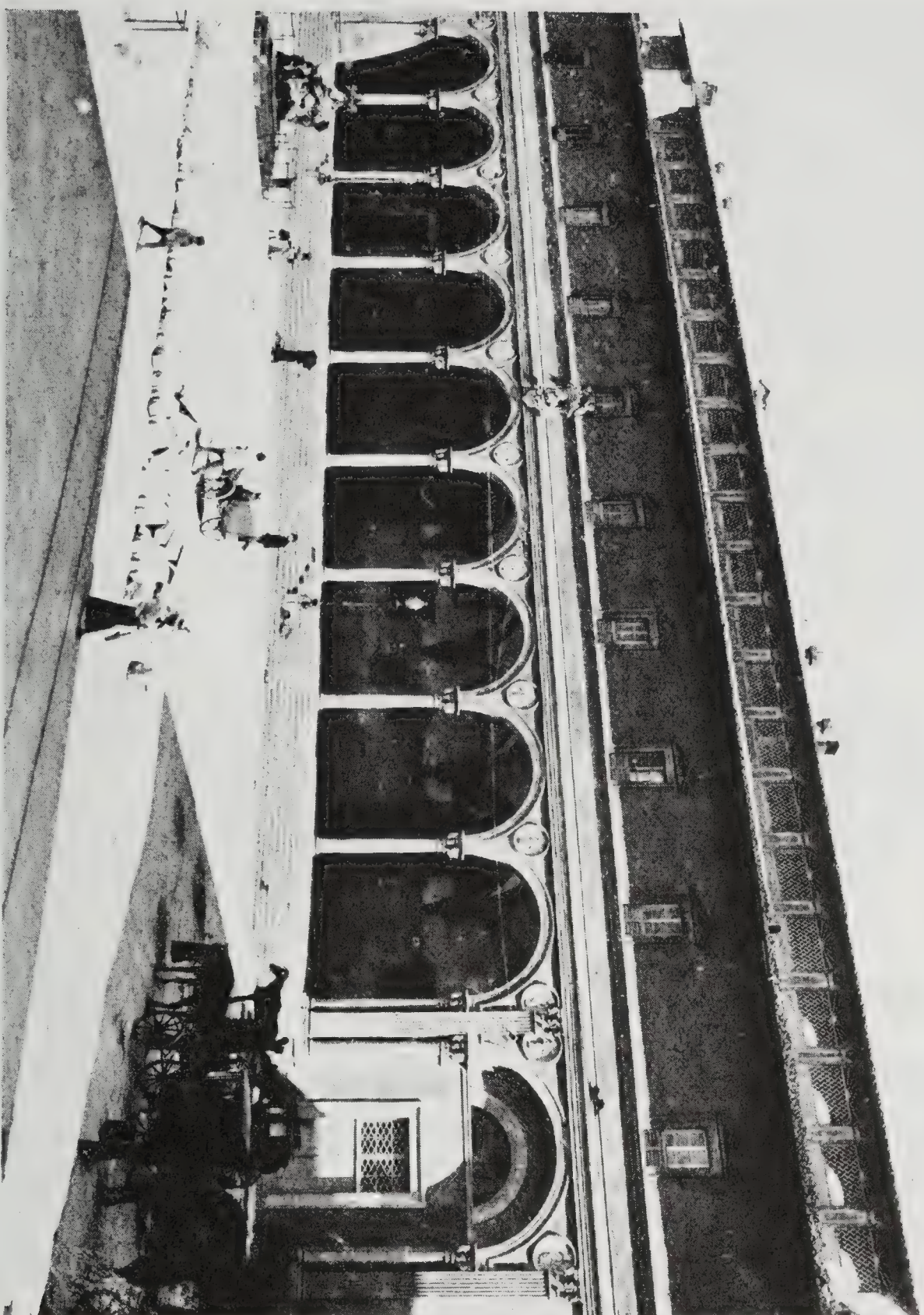
Florence is full of Mediæval nursing history. The old hospital mentioned in "*Romola*," where Romola used to go to visit her patients, is still standing, but now converted into the Accademia di Belle Arti.

Among its pictures is a quaint representation of the two medical saints, Damian and Cosmas, setting a broken leg, and on one of the walls is a fresco showing hospital scenes in the same building in the fifteenth century. (See illustration.) This fresco is now covered by a painting which the guard will move on request.

According to these old frescoes, the Italian hospitals of the Middle Ages at least gave their patients a bed each, being superior in this respect to the old French hospitals with three or four patients in one bed. Damian belonged to the Medici family (Medici—physician), and no one can be in Florence without becoming familiar with the Medici coat-of-arms with its six huge pills on the shield.

Another historical spot is the Bigallo, on the Cathedral Square, a beautiful, open loggia where abandoned babies used to be laid. Next to it is a building occupied by a religious order whose work it was to take the foundlings left in the Bigallo.

Then one sees to this day the Brothers of the Misericordia going through the streets, dressed in black with a black mask over the face. In Rome they



FOUNDLING HOSPITAL IN FLORENCE. FRONT, SHOWING MEDALLIONS



FRESCO ON WALL OF S. MARIA DELLA SCALA, SIENA

wear white. They were instituted as a sort of "First Aid" service, and really constituted a substitute for an ambulance corps. In the histories of Mediæval Florence they are spoken of as if young men living at home took turns in responding to calls for this service, their duties being to carry the sick to hospital, to transport the bodies of the dead, and the like. They are also still sent for, I am told, in private cases to *turn* or *lift* the sick! In Florence we met a flock of them, taking a dead body for interment, all dressed in black with only their eyes showing. At night, carrying torches, they are even more weird-looking. In olden times the monks kept open house in hospices at the various city gates. The sick and wounded falling by the wayside were brought to them and tended by the monks until the brothers of the Misericordia could be called to carry them to the hospitals within the city.

Before leaving Florence, do just look in at the drug-house of Molteni & Co., on the Piazza Signoria, and see the beautiful old majolica urns in which the drugs are kept. They are a perfect picture, standing in rows up to the ceiling.

In Rome I saw another interesting relic of Mediæval hospital custom in the works of the Third Order of St. Francis.

Going through the hospital La Consolazione one day with Miss Sara MacDonald we came to a woman's ward. The usual "infirmière," or nurse-servant, was sweeping the tiled floor with wet sawdust, and the nun in charge, with sweet, serene face, was knitting as she moved about surveying the ward (although it was the morning hour, when there is much work to be done), when to our surprise our eyes fell upon a lady, evidently, with her hat on but enveloped in a big surgeon's apron, who was most busily and energetically at work over a patient. She bathed her face, neck, and hands (there are no screens in Italian hospitals, so everything can be seen), combed and arranged her hair, brushed out the bed, and carried off the basin of water to the lavatory.

With American curiosity we asked the sister if this was a relation of the sick woman, thinking this might be a solution of how the patients are done up, which is a mystery. The sister said no, she was a lady who came to do these things for the patients.

The lady, now being through her task, appeared divested of her apron, and was joined by another. Our curiosity now became too strong, and as foreigners are allowed all sorts of liberties, we addressed them in our best Italian, asking to be told about their work.

They were most courteous and responsive, telling us that they were members of the Third Order of St. Francis, which he instituted for people who live at home and cannot join regular monastic orders. They have fixed days for visiting certain wards and performing these services for patients. Some go on one day, and others on another.

We asked if there were similar work in the men's wards, and they said yes, that even princes took their turn in going to the hospitals; they trim the men's hair, wash them, cut their finger-nails, and do all kinds of little services. This seemed to us a most quaint and old-timey custom to find in the twentieth century.

A great, old, historic hospital is the Santa Maria della Scala in Siena, where St. Catherine did her prodigies of nursing work in the times of the plague. Before that she had become famous by caring for loathsome cases of leprosy and cancer that no one else would touch. La Scala is a hospital of about two hundred beds, standing just opposite the Cathedral. In early times, besides receiving the sick, it took in and educated foundlings, lodged pilgrims,

and distributed alms. Lucy Olcott, in her little book, "A Guide to Siena," says of it:

"It is now generally accepted that the hospital owed its origin to the eleventh century. It was established by the canons of the Duomo, who then lived together like monks and were obliged to devote a part of their revenue to the assistance of the poor. In time the governing power passed from their hands into those of the laity. Like the Duomo . . . the Spedale can boast a long history of its own. For centuries it served as a lodging for pilgrims as well as an asylum for the sick and poor.

"The names of two of Siena's greatest saints are intimately connected with its history—St. Catherine, who here made her daily and nightly rounds among the sick and dying, and San Bernardino, who, together with his companions, distinguished himself by his heroic care of the plague-stricken during the terrible pestilence of 1400. . . ."

The wards are long, containing about sixty beds each, and are entered from a great hall of noble dimensions, on the walls of which are frescoes representing scenes in the history of the hospital. (See illustration.) The wards themselves are rather bare and cheerless-looking, although the beds seemed good and comfortable and well-made.

The characteristic feature of these old Italian hospitals, which were formerly monasteries, is that the ceilings are enormously high beyond all proportion to the size of the ward, and the windows very high up, sometimes just under the ceiling. The height of bare wall above the beds is such that one receives the impression that there are no windows in the ward. Yet there is plenty of light, and it is possible to have plenty of ventilation. This, however, does not always follow. No doubt for hot Italian weather this makes a far more comfortable ward than our plan, but it looks to us quite strange and rather dreary.

In going through these various old wards one cannot but feel everywhere the entire absence of *real nursing*, no matter how charming the picturesque side may be. So long as the patients do not seem seriously ill, it is not so bad, but when one encounters typhoids, pneumonias, and other grave and critical cases, then all the inadequacy of this antiquated and untrained care becomes most painfully apparent.

The worst-appearing hospitals I saw from the nursing standpoint were the great General at Milan and the three largest hospitals of Rome. In these the crowding was greater and one saw more seriously ill patients. Everything looked slovenly, half or altogether dirty, and discouraging, as if there were mountains of work piled ahead which would never be caught up with. Especially in an early morning visit, before things have been straightened up, one realizes how dreadful the conditions must be through the night. True, before training-schools were started our own city and county hospitals were worse yet, and we may still have some in remote corners that are as bad, where the trained nurse has not entered.

The nuns in these gigantic hospitals looked worn and haggard, and I do not doubt that they are all overtaxed, even although nothing is properly done.

It is certainly a mystery to me how the physicians and surgeons get good results in these hospitals, and how they can be willing to go on in that way. In one ward we saw poultices being made which looked like very bad mortar, and in another ward a dressing-case with instruments, appliances, and stimulants was positively pathetic in its unconscious dirt.

L. L. D.



THE CARE OF FOUNDLINGS. FRESCO ON WALL OF S. MARIA DELLA SCALA, SIENA



FRESCO ON WALL OF ANCIENT HOSPITAL, NOW ACCADEMIA DI BELLE ARTI, FLORENCE

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 12, 1904.

ARMISTEAD, AMANDA J., formerly on duty as dietist at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal., discharged.

Beidler, Cora A., graduate of the Reading Hospital, Reading, Pa., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Campin, Mary L., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Chamberlin, Anna B., recently reported at the First Reserve Hospital, Manila, P. I., for duty; awaiting assignment.

Craig, Mary E., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on Buford March 10.

Griggs, Edith Young, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on Buford March 10.

Hammett, Annie M., graduate of the Maryland Homœopathic Hospital, Baltimore, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Hine, M. Estelle, transferred from the General Hospital, Presidio, San Francisco, to duty as dietist at the Hospital Corps School of Instruction, Fort McDowell, Cal.

Hunt, Helen Grant, recently reported at the First Reserve Hospital, Manila, P. I., for duty; awaiting assignment.

Innes, May B., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Langstaff, L. Eleanor, graduate of the Rochester City Hospital, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Lindley, Laura L., reappointed and assigned to duty at the General Hospital, Fort Bayard, N. M.

McHugh, Cecilia, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

McNaughton, Bessie B., transferred from the First Reserve Hospital, Manila, P. I., to the United States for discharge. Arrived in San Francisco on the Thomas March 15.

Mason, Edith A., recently arrived in the Philippines, assigned to permanent duty at the First Reserve Hospital, Manila.

Meuser, Gretta B., a patient at Iloilo in November, ordered back to First Reserve Hospital in December for further observation and treatment.

Moore, Nellie, recently arrived at the First Reserve Hospital, Manila; awaiting assignment.

Perkin, Willessie M., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Richmond, Vena E., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

St. Cloud, M. Inez, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Snell, Cora Lucretia, transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Storry, Frances B., transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Sweet, Agnes, transferred from the First Reserve Hospital, Manila, P. I., to the United States for discharge. Arrived in San Francisco on the Thomas March 15.

Thompson, Ida L., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Weber, Eva Dora, recently arrived in the Philippines, assigned to permanent duty at the First Reserve Hospital, Manila.

Wollpert, Julia, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Logan April 1.



TO KILL BEDBUGS.—In response to an inquiry by a subscriber to the *Journal of the American Medical Association* as to the best method of killing bedbugs Dr. D. A. Kriesel, of Milbank, S. D., recommends the use of formalin as being more efficient than the bichloride solution. The room should be at a temperature of 70° F. or warmer in order to promote more rapid evaporation of the solution, thereby affecting the bugs that may have escaped the fluid. The fluid should be introduced into all the cracks and crevices by means of an ordinary oil-can. The application should be repeated after five or six days in order to kill any young bugs hatched from eggs not devitalized by the first treatment. The hands must be protected by gloves in order to avoid any escharotic effects. Dr. Kriesel has used this for three years and has never seen it fail.

Dr. J. W. Croskey, Philadelphia, recommends, as a practical and sure remedy for bedbugs, a solution composed of equal parts of spirits of turpentine and aqua ammonia applied in the same manner as the foregoing solution.

CERTAIN ABUSES OF SEA-BATHING AND SEA-AIR TREATMENT.—The *Medical Record*, quoting from a French contemporary, says: "Henri Lamarque protests against the carelessness shown by many patients who go to the seaside for treatment, plunge into the water without observing the slightest precautions, suffer chills and have no reaction, and perhaps take two baths a day. Moreover, cold bathing is contraindicated in many cases, but no attention is paid to these contraindications. In rheumatism, gout, herpes, cold bathing can only be harmful. Young girls and women often suffer from a form of arthritic trouble which simulates anæmia. There may be amenorrhœa, or dysmenorrhœa accompanied by nervous conditions, dyspepsia, neuralgia, etc. The cellular tissue is overdeveloped, the venous system is affected, as shown by the appearance of reddish or purple lines on the skin in various situations and the ready formation of ecchymoses. The uterus will be found to be congested. In these cases sea-baths should be absolutely forbidden."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: Allow me through the JOURNAL to express my opinion in regard to the salaries paid by the hospitals throughout the Eastern and Middle States to graduate nurses.

For years past I have followed the progress of training-schools and the nursing profession. I notice with dismay how almost every journal contains offers to "competent graduate nurses" of positions as head nurses, surgical nurses, assistant superintendents, etc., at a salary of thirty dollars per month.

Let me ask, What does this mean? What are the nurses thinking of? What is thirty dollars per month to a woman who has devoted the best time of her life in preparing herself for her work? Let me ask: Are the nurses so anxious to do charity towards the hospitals as to actually give their strength and their life for the paltry thirty dollars?

Almost all kinds of labor is well paid in the United States compared with other countries, but the salaries offered to and accepted by nurses are absolutely disgraceful when we take into consideration the class of women in general that are required in the training-schools, none but the cream (as the saying is), physically, being accepted as probationers, and intellectually they must be on an average, if not above the average. During the two- or three-years' course of training the manual labor (call it training if you please, it is labor just the same) in some schools is so hard that very few of the applicants have ever worked so hard before, and, it is almost safe to say, never after. But it is all for the diploma.

Therefore, why should not the hospitals compensate the competent nurse in a proper manner? Every one of us who has done hospital and private work for years knows what an enormous mental and physical strain it is.

Ought we, when our working-days are over (in many instances while still young), to be taken care of by kind relatives or the county poor-house simply because we were underpaid during our best years when we could work?

Ought we not to demand higher salary for hospital work, or shall we go on meekly and gently and do our best, and let the hospital authorities dictate to us what our work is worth?

HANNAH STROM,

322 W. Broadway, Butte, Montana.

March 25, 1904.

DEAR EDITOR: Noticing in February JOURNAL the remark in connection with the English Registration Bill, "the English nurses accept our title of R. N.," may I say that it gives hardly the correct historical inference, as more than twelve years ago, when Mrs. Fenwick, Miss Breay, Miss Stewart, and others made their first campaign in the Royal British Nurses' Association for registration, they advocated the title of "Registered Nurse." That was long before we

had begun to think of such a thing, and the words "Registered Nurse" have been a war-cry in England ever since.

May I also add a few words in explanation of the discussion over district nursing in New York City and the editorial in *Charities*?

I think it was not supposed, or meant to be supposed, that any nurse in district work objects to working under a doctor. The point in controversy was this: Shall district nurses respond to calls from *patients*, or must they wait to be sent by a physician?

In other words, has the district patient a right to ask for a nurse if she wants one, or can she only have one on the order of the physician?

This is a controversy that arises periodically in district work. I have quoted in "Foreign Items" from *Nursing Notes* showing that this same question arises in England.

There are always some physicians and some members of Boards of Managers who hold that a district nurse should not go to any case except upon the call of a physician. And this was Dr. Daniels's contention, as I understand it. But the founders of district nursing and, as I think, all nurses, hold that the nurse is for the benefit of the *patient*. No one would for a minute contend that a wealthy and well-to-do patient could not send on her own volition for a nurse. If she wants one, she can have one, even if her physician does not suggest it. Can it be held that the poor tenement-house patient has not the same right? It is not a question of the nurse working independently, for she sees that the patient has medical attention in every instance.

Many poor tenement-house dwellers who are greatly comforted and helped by the nurses would never have a nurse if it were left to the busy dispensary physician to send her. Simply because their cases are not acute, he sees no special reason why a nurse is needed, and he can keep the nurse busy doing things which save his time and steps. I do not say he should not have this service, but he should not have it by depriving the poor of their right to send for a nurse. I have known this theory to be carried so far by some physicians that when, for some impulse or ignorance so common among the sick, they are dismissed and another called in, they think the nurse should leave the case also.

These brief points will, I hope, make it clear just what *Charities* meant.

L. L. DOCK.

To the Editor of the AMERICAN JOURNAL OF NURSING:

The duties and privileges of nurses in private practice obviously need authoritative formulation and widespread universal presentation.

Difficulties arise constantly because this is not systematically done. As a general practitioner, it constantly happens to me, and presumably it is the same with others, to be asked by the family or the nurse, "What are the rules?" When these are outlined by us it may transpire that the statements of other physicians are quoted, differing more or less from ours.

It would seem that if each nurse when sent out from a directory or bureau or other centre were provided with a printed circular setting forth her duties and privileges and the duties of the family to her, which she should hand to some member of the household or display, much confusion and trouble might be saved.

No doubt there are local regulations or traditions covering all the points, but it would be far better if they should emanate from some authoritative source. Who shall be the arbiter I do not pretend to suggest. If the medical attendants,

then it may be that the matter would be taken up by the American Medical Association, and thus would stand upon the highest and broadest basis. If this is the prerogative of the nurses, then the Association of Nurse Superintendents are presumably the highest court of appeal for the establishment of precedent.

J. MADISON TAYLOR, M.D.

PHILADELPHIA, PA.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



LIQUEFIED AIR.—Dr. A. Campbell White has an interesting article in the *Medical Record* on the therapeutic uses of liquid air. The natural air is compressed to the extent of about two thousand pounds to the square inch at a temperature of 220° below zero. It then pours from the liquefier just as water does from a faucet. As it, of course, freezes the tissues when brought in contact with them, it is a local anæsthetic. The extent of freezing can be regulated to cause no sloughing whatever or any degree desired. There is no pain, and the anæsthesia lasts from thirty to forty minutes. It may be used in the evacuation of abscesses and pus cavities, to reduce inflammation, as of the knee, by the application of a towel soaked in the liquid quickly and intermittently applied, or by a glass bulb filled with the liquid being rolled over the part, this method being particularly applicable in the abortion of acute adenitis, periostitis, and similar cases. Any foreign growth on the skin or within reach of operation can be destroyed by liquid air, such as a nævus, or any birthmark or a fibroid tumor. The same applies to almost anything, from an acne pustule to hæmorrhoids. Dr. White has removed a large inoperable scirrhus carcinoma of the heart by this means. It is almost a specific in carbuncle. Good results have been obtained in the treatment of lupus, and it is suggested for use in diseases of the air-passages, hay fever, bronchitis, asthma, laryngitis, etc., and possibly to reduce the temperature in fever. As we have always known air is a gas in its liquid state, we call it liquid air. It is the air we breathe in a liquid form, just as water is steam in a liquid form.

AVOIDANCE OF VOMITING AFTER ETHERIZATION.—At a meeting of the New York Academy of Medicine, in a discussion on a surgical operation, Dr. Gallant said that his own method of avoiding severe vomiting was by giving minute doses of morphine twenty minutes before the etherization. For a person weighing one hundred pounds or less he gave one-twelfth of a grain, for one weighing one hundred and twenty-five pounds or less one-eighth of a grain, and for one weighing over one hundred and twenty-five pounds one-sixth of a grain. In a few cases in which vomiting occurred despite this precaution the patient was encouraged to drink very freely of hot water, even if this were vomited; it acted beneficially by washing out the stomach and thus leading to a cessation of the vomiting.

EDITOR'S MISCELLANY



THE HYGIENE OF PNEUMONIA.—Dr. W. Gilman Thompson, in the *Journal of the American Medical Association*, concludes an exceedingly valuable paper on “The Treatment of Lobar Pneumonia” with the following:

“HYGIENE.

“The general hygienic treatment of pneumonia is substantially that of typhoid fever, and I shall not take time for its discussion here, for it involves questions which are much less the subject of controversy than the use of drugs. As for diet, with high fever and tongue dried by mouth breathing and heavily coated, milk constitutes the best food, but under more favorable conditions considerable variety may be allowed, and such articles may be given as broths, egg albumen, beef-juice, orange-juice, kumiss, junket, and palatable gruels of various kinds. The care of the mouth should receive as much attention from the nurse as in typhoid fever, for a foul tongue promotes the indigestion which has been above referred to as so injurious, besides making it difficult to swallow and adding much to the discomfort of the patient. The usual mouth cleansing with hydrogen peroxide and mild antiseptics should be performed.

“THE IMPORTANCE OF REST.

“Overzeal in the treatment of pneumonia is, I think, more to be criticised than anything else. This includes overstimulation of the heart, overuse of expectorants, and, above all, incessant ‘fussing’ about the patient, who, in the well-intentioned but ill-advised efforts of his care-takers, is often allowed scarcely ten minutes in the day for repose. I was lately called to see a physician in desperate plight with double pneumonia, whose brother practitioner was giving him frequent stimulating hypodermic injections, whose nurse was constantly administering expectorants and stimulants in the intervals of renewing poultices and supplying oxygen, whose wife was aiding by giving cold sponge-baths literally every fifteen minutes (!), and whose anxious family were frequently looking in at the door to inquire how he felt.

“It takes some courage and much experience not to overdo in the treatment of pneumonia. There is no other disease in which the idea of combat against the elements of death presents so active and intense a clinical picture. The picture changes from hour to hour, the time for combat is brief, and no matter how severe the odds against life may appear, there is always a chance, what one terms the ‘fighting chance,’ up to the patient’s very last breath. Hence, the temptation for active interference may outweigh one’s calmer judgment, and the patient may lose through exhaustion that modicum of strength which might at the last moment have turned the balance in his favor. It may seem somewhat trite, but experience shows that it is not so, to insist that proper intervals of absolute rest, of two or even three hours, should constitute a definite part of the treatment. The giving of medicines, food, and stimulants, as well as all remedial measures, should be so carefully outlined for the nurse that there can be no mistake on this point, and during each twenty-four hours there should be several

such periods for rest prescribed. An hour's sleep will often do more to save the patient's life than all the medication he has received throughout the disease, and there are times when it should be remembered that 'they also serve who only stand and wait.' "

MISS ISABEL M. EMBERLEY, whose appointment to the Bishop Rowe Hospital in Skagway was recently announced, made a record trip from Boston, reaching Skagway in ten days. "I found a most cordial reception waiting me at the hospital," she writes; "the town was less cordial, for a northern storm hailed my arrival and continued till to-day. They tell us the wind blows through Skagway from the north and then turns round and blows back again, and keeps repeating this performance all winter. The mountains round about us are very grand, their summits all white and gleaming now, lifting themselves above the clouds. Of the town I have seen but little as yet—we are quite suburban, you know. Not everyone can have stumps at three-foot intervals in their street, and in daylight we are duly proud of them, but at night—and Skagway winter nights are absolutely opaque—we walk as delicately as Agag of old. The hospital is charming, showing everywhere the touch of a splendid woman. There seems to me every indication that the work is going to grow, and that our usefulness here will by no means end with the care of the sick. There is much else to do, much that is sadly needed."—*Spirit of Missions*.

THE PHYSIOLOGICAL ACTION OF THE RADIUM RAYS AND THEIR THERAPEUTIC APPLICATION.—The *Medical Record* in a synopsis of an article in a German medical journal says: "Scholtz has been experimenting with radium on animals and on patients and finds that its rays have certain properties in common with the X-rays and the Finsen rays and that they also differ from them in certain respects. While the general effect of radium rays on the skin resembles that of the X-rays and overexposure produces similar lesions, important gross and microscopical differences are noted. The visible changes produced by the X-rays usually appear only after the fourteenth day, but the radium rays cause a pronounced erythema in about twenty hours, even after an exposure of only three to five minutes. In sections made at this time a dilatation of the vessels of the papillary layer is visible, and on the third or fourth day there is slight swelling of the connective tissue. The X-rays produce no changes to be detected by the microscope so soon after the exposure. In order to test the penetrating power of the rays the author fastened the ears of a rabbit one over the other on the animal's back and then exposed them to the radium for fifteen to thirty minutes. A marked reaction was produced in both ears and the skin of the back became inflamed and lost its hair. Bacteria are killed by the rays both in agar plates and suspended in fluids. With the radium at a distance of two millimetres typhoid bacilli were killed in three hours. The author's therapeutic results on cases of furunculosis, lupus, psoriasis, and epithelioma are very encouraging, two cases of the latter appearing to have been permanently cured. The great advantage of the radium is the ease with which the substance can be applied to otherwise inaccessible regions, such as cavities like those of the mouth, vagina, nose, etc., and even the interior of tumors."

EDITORIAL COMMENT



PROGRESS OF REGISTRATION

THE reports from the different States having bills before the Legislature has so far been somewhat disappointing. The Massachusetts bill has been held over until another year. This bill calls for the establishment of a special commission for the registration of nurses, and Governor Bates has put himself on record as being opposed, on general principles, to the establishment of new commissions. The nurses' bill was opposed in the Legislature by the Board of Medical Examiners of the State, and an attempt was made to place the registration of nurses in the hands of the Medical Commission. This the nurses of Massachusetts absolutely refused to consider, and the bill, for this year, is killed. The leaders in the movement are not in the least discouraged, however, as they will know in the future what opposition to expect and what support they may rely upon.

IOWA BILL AMENDED.

We announce with great pleasure that the Legislative Committee of the Iowa State Nurses' Association has very wisely amended the bill, of which criticisms have been made in this department in the last two numbers, cutting out the clause placing the registration of nurses in the hands of the Board of Medical Examiners of the State, and substituting provision for a Board of Nurse Examiners. We understand, however, although the nurses have been cordially received by influential members of the Legislature, the bill will not go through this year. We have not yet seen the Iowa amended bill.

STATES IN LINE.

The nurses of California have organized a State association, and have already completed their constitution and by-laws. Louisiana and Michigan have taken the initiatory steps for the formation of a State society, as have also the nurses of the Province of Ontario in Canada. These newly organized States will be in a position to take up the subject of legislation intelligently with the beginning of another winter, and legislative work for the coming year promises to be very active.

THE MARYLAND BILL A LAW.

The Maryland Bill for the State registration of nurses, having passed both houses, has finally been signed by the Governor and is now a law. A meeting of the State society was held on April 15 for the purpose of nominating an Examining Board, which consists of five members of the State society chosen out of twelve names submitted to the Governor. The qualifications of these examiners are that they must be members of the State society, having had not less than five-years' experience in the practice of their profession subsequent to graduation. Wishing to be sure of a good, strong Examining Board, the names of those best qualified for that office have been selected, regardless of whether or not they are at present engaged in teaching. This seems to us a very wise provision, and we hope that no petty jealousies will ever arise which will exclude from a Board of Examiners those best qualified to conduct that work. In New York

State the law governing the Regents' office forbids any examiner to be appointed who is engaged in teaching, excluding those best qualified from serving.

NEW YORK STANDARDS.

The work of the nurse examiners of New York State has been of an exceedingly difficult character during this first season. The work of deciding upon the standards of education to be required of training-schools proved to be an exceedingly difficult task. The curricula of the great number of schools applying for registration showed what was well known to exist—an entire lack of uniformity of instruction, both theoretical and practical, not only in New York State, but throughout the country. The important points to be considered in deciding upon the minimum requirement of education for training-schools was to avoid demoralizing the nursing service of worthy and reputable hospitals that it was shown were now paying very little attention to the thorough and systematic instruction of their nurses. Until such hospitals had been given an opportunity to conform to a simple minimum standard of training, they could not justly be denied the privilege of the registration of their schools under the requirements of the law. To arrange a simple curriculum which would be just to such hospitals, and at the same time give to their pupils a fair nursing education, was the problem which the New York examiners were called upon to solve. In other words, the board was called upon to define, for the first time in nursing history, what should constitute a general training; and the requirements for the registration of training-schools, issued from the Regents' office and published in the April number of the *JOURNAL*, embody the recommendations of the examiners to the Regents of the university. The Board of Examiners purposely avoided any requirements for a curriculum of theoretical study, feeling that until provision for practical experience and instruction had been provided by the hospitals, it was useless to make great demands for instructions in theory, and knowing that when provision for practical experience in the branches required—namely, medical, surgical, gynæcological, obstetrical, and the nursing of children—had been provided, with experience in cooking, that a curriculum of theory would easily follow without being a hardship to the class of hospitals being specially considered. In the light of the standards of education now established in the leading training-schools of the country the requirements of the New York law, as it is now in operation, seem, possibly, very meagre; but it must be borne in mind that such a reform as the registration of training-schools under the Regents now contemplated calls only for the minimum of education which shall be recognized. The higher-grade schools will go on broadening and developing, and the lower-grade schools, with a uniform, minimum standard, made compulsory, will gradually be brought up to the standards of the advanced schools.

The work of the nurse examiners and of the Regents' office has been very much impeded by the reorganization of the Regents of the University. The examiners' recommendations to the Regents were sent to Albany the latter part of January, and it was nearly at the end of March before they were formally acted upon at the Regents' office. During this unavoidable period of waiting came an accumulation of problems which the examiners at a meeting April 18 endeavored to solve, and it was with difficulty that a quorum of the board came together and gave the time that the work demanded. Miss Palmer, the president of the board, had been out of the State for some weeks; Miss Damer, of Buffalo, was changing her residence at this time to New York City, and the other members were very much burdened with an accumulation of work of various kinds.

THE PRICE OF THE JOURNAL

WE have had a number of letters of inquiry from secretaries of *alumnæ* associations asking for more detailed information in regard to JOURNAL ownership, which we evidently failed to make plain in our comment of last month. The amount of the fund which must be raised by the *alumnæ* members in order that the Associated *Alumnæ* may own the JOURNAL was included in our statement in the March number of the magazine, but was evidently passed over by many of the *alumnæ* readers. We repeat, for the benefit of those who may read this paragraph, that the amount of money to be raised, according to the statement made last year at the *alumnæ* meeting, is ten thousand dollars. The shares of stock are valued at one hundred dollars, and one of the plans suggested, if the Associated *Alumnæ* fails to raise the ten thousand dollars for the complete ownership of the magazine, is that each *alumnæ* association shall buy at least one share of stock, and that this stock shall be diffused as broadly throughout the *alumnæ* associations of the country as possible. In this way the *alumnæ* associations owning stock would have a direct voice in the JOURNAL management and would receive, in the dividends that the JOURNAL might pay, a fair interest for their money. Another suggestion which has been received from an active member of the *Alumnæ* Association is that all *alumnæ* members shall be assessed an equal amount, and that the dividends shall be divided among the *alumnæ* associations in proportion to their membership, to be used as a sick-benefit fund. Roughly estimating the *alumnæ* constituency as five thousand members, this would make an assessment of two dollars each. This would seem a very simple solution of the whole situation but for the fact that only a comparatively small proportion of the *alumnæ* members are sufficiently interested in the magazine to subscribe for it, and also when we take into consideration that in the beginning, if the *alumnæ* members had been willing to advance two dollars each as a year's subscription to the magazine, the stock company need never have been formed. The great body of nurses who make up the subscription list of the JOURNAL are women outside of the Associated *Alumnæ*, and judging by the past, we fear that if the Associated *Alumnæ* ever owns the magazine, the money will be contributed by a few *alumnæ* associations and the same small group of women who have borne the burden of the magazine from the beginning. This plan, based upon mercenary grounds, lacks the professional spirit that should be the motive for *alumnæ* ownership.

OUR PITFALLS

WE have had many and varied good reasons for desiring organization for ourselves, and these good reasons have been set before us in every conceivable form until it might be thought that the argument was entirely onesided and that with good organization all our troubles would be over, but such is not the case, for the best system in the world will be faulty, and it behooves us to recognize our pitfalls and avoid them if we can. A weak spot in our practice was pointed out last month in Miss McIsaac's letter in the constant changing of delegates; but we have another spot which is not only weak, but dangerous—namely, politics. In the beginning everybody seemed to think only of getting the best woman for the place, but nowadays we hear of solid delegations from certain schools or sections going to convention with the avowed purpose of putting in some friend. Nothing could be worse for us, and if our societies are to be used for the purpose of exploiting one school or section or group, it is time we understood the situation and realized its dangers.

From several societies complaints are made of women who have never been active in any *alumnæ* work getting themselves sent as delegates by methods no better than the "ward boss" employs, while intelligent, hard-working members whose voices would be of some value are unrecognized by their *alumnæ*.

Too much cannot be said upon the importance of selecting well-instructed delegates who thoroughly understand why they are sent, but if some of the delegates disregard their instructions and look upon the occasion as a holiday to be filled in with sightseeing instead of attendance at convention we are again in danger. It has been suggested that a roll-call for every session might keep some of these strollers in their places. But we do not wish delegates to be sent who must be kept on duty by such methods, and societies would do well to know exactly what kind of women they are choosing and to realize that the delegates they send establish a reputation for their school and its *alumnæ*.

JOURNAL HEAD-QUARTERS

THE head-quarters of the JOURNAL officers during *Alumnæ* week is to be at the Colonnade Hotel, on Chestnut Street. This is one of the old hotels of Philadelphia, but is exceedingly comfortable and convenient. Members of all committees would do well to make this hotel their head-quarters.

CONVENTION SUGGESTIONS

ONE of the pleasures of being an editor is the feeling that nurses in many places write to us for advice and suggestions in regard to a great variety of subjects, and what our large *alumnæ* meetings demand in the way of dress is a question which we have frequently been asked. Our little suggestion, made at the time of the Buffalo Congress, that members should go provided with old and comfortable shoes for sight-seeing, brought out so many expressions of gratitude that we venture to say a word at this time with reference to the etiquette and social requirements of our big nursing conventions. We are women before we are nurses, and what to wear is just as important to us as to other women. No nurse, wishing to attend any nursing convention, should feel herself in any way handicapped by the lack of an elaborate wardrobe. The simple rules of dress governing other functions apply to our big conventions. The simple shirt-waist suit is all that is required for the meetings, and ordinary street dress, with hats on, applies to all day functions, whether lunches, receptions, or afternoon teas. For any evening entertainment—dinners, receptions, or theatre—the best we have, whether simple or elaborate, with hats off, is a safe rule to follow. White gloves for either afternoon or evening are always good form, but not essential.

Right here we would like to say that the growing custom of so much entertaining at all of our large gatherings—so many formal receptions, teas, and dinners—is infringing more and more upon the business for which we come together, and taxes the strength of the members to a somewhat deplorable degree.

The officers and members of committees have a great deal of important business to transact apart from the regular sessions, and the double effort to do the necessary committee work and to enjoy these social courtesies brings a great strain upon a large group of members and sends them home exhausted, rather than stimulated, by the trip. Although we appreciate to the fullest the courtesies which we have enjoyed in many cities, the recollection of the fatigue involved is still vivid. Old friends like to visit together, and new delegates come into closer touch with their fellow-workers if given an opportunity in little informal groups

in sight-seeing or in their hotels rather than in attending large, formal social functions.

THE PROVIDENT HOSPITAL TRAINING-SCHOOL

It has been our privilege during the winter to have been for a number of weeks the guest of the Provident Hospital and Training-School in Chicago, where we have had an opportunity of judging by daily association and observation of the work of a hospital organized by colored people and of a nursing service composed exclusively of educated colored women. This hospital is under the supervision of a white superintendent, Miss L. S. Smart, a graduate of the Boston City Hospital, who has held a number of hospital positions in different parts of the country. From the standpoint of order and dignity and technical skill the nursing service of this hospital would seem to compare more than favorably with hospitals of the same size and class in other cities where the nursing service is composed of white women. Perhaps there is no more practical demonstration of what education is doing for the colored race than can be seen every day under the roof of this institution: colored surgeons performing the same difficult operations, with the same equipment and technique as will be found in the other hospitals of Chicago, with equally good results, and colored nurses performing their portion of the work of a well-organized and progressive hospital with the same intelligence and skill as may be found elsewhere; and, strange to say, the great majority of the patients these colored women are caring for are white. Two members of the Board of Trustees are white men, and there are several white members of the medical staff serving on the same basis as the others; but the opposition which the organizers of this hospital have had to face has come from the ignorant colored people of the city, who prefer being cared for in hospitals where the service is given by white people. There are a number of pleasant private rooms which are occupied by a cultivated class of people, and all the emergency cases from the stock-yards are brought here. We understand that colored people throughout the country consider the Provident Training-School among their most important educational institutions. It is the first Training-School for colored girls, the requirements for admission are higher, and it opens a field of occupation where the color line seems to have little influence. In view of the fact that the Provident Hospital was established to provide a training-school for colored nurses, we shall publish a little sketch of this unique institution, with photographs, later in the year.

CHICAGO'S INTEREST

DURING our stay in Chicago we were very much pleased with the interest shown in the burning question of the JOURNAL ownership by the Chicago nurses.

This interest was expressed by our receiving invitations to speak on the subject before eleven different groups of nurses. Lack of time and strength only prevented our taking advantage of all of these courtesies. As it was, we managed to accept seven of the invitations, where the cordiality of our reception was most gratifying.

INERTIA OF THE MASSES

WE have been surprised to realize, not only in Chicago, but in other places, how little the masses of alumnae members know of the origin and

history of our JOURNAL. Their surprise that they have a professional obligation to the JOURNAL shows how negligent the superintendents have been, and of how little importance the delegates who have been sent year after year to the national meetings have considered the subject to be.

How many times have these delegates in their reports to the societies they represented said in emphatic language, "I voted that the Alumnae Association should establish a magazine, and I expect every member of this association to sustain me in that vote by subscribing for the JOURNAL at once"? How many of these same delegates have followed up the members and solicited for subscriptions until they felt proud of the representation of their schools on the subscription list? Very few, if any! The indifference and inertia of the masses of nurses is the discouraging feature of all our organization work, and the very slow development of a true professional spirit the most disheartening condition with which the workers have to contend.

WHERE GLORY LEADS

WE have been somewhat puzzled, since Dr. McGee's expedition to Japan has been given so much publicity, to know what particular office she was to hold after reaching Japan, as, of course, no one supposed for a moment that she intended to perform, under any circumstances, the practical, homely duties of a nurse, and, as everybody knows, a chaperone for a party of nurses is quite uncalled for. We have been greatly interested to learn from Dr. McGee's statement on another page that she has been given a special passport and a letter such as is given officers of the army and navy who have been ordered to witness the operations of war. It seems quite like reversing the usual order of things for a distinguished medical officer to seek such notoriety under the cloak of the nursing profession.

HARVARD'S endowment for a chair of theoretical and practical nursing seems to be an assured fact. We hear rumors that this distinguished professorship is eagerly sought for and will probably be obtained by one of New England's most brilliant medical men. As it has been so generally conceded that nursing can only be taught by nurses, as a matter of simple justice, this chair should be filled by one of the many able members of the nursing profession who has proven her ability both to organize and to teach. We understand that Harvard's nursing department is exclusively for medical students and not for nurses, as we first supposed, and the kind of nursing instruction that such students especially need can only be obtained from nurses. We shall await developments at Harvard with great interest.

THE ROCKEFELLER GIFT

OUR readers will be interested in the Rockefeller gift of five hundred thousand dollars to the Johns Hopkins Hospital *and Training-School*, which enables the hospital to go on with its work in all departments without retrenchment. The statement is made that Mr. Rockefeller's gift will make possible the rebuilding of the burnt warehouses, and that the value of the new houses will be so much greater than the old that the income of the hospital will ultimately be increased. Mr. Rockefeller's recognition of the training of nurses is most gratifying, and we congratulate the Johns Hopkins Training-School upon its assured future.

THE NURSING STORY

HAVE the nurses noticed that they are enjoying (?) popular appreciation in the field of fiction just now? The *Metropolitan Magazine* for April gives us a tale of a woman of particularly high type who is launched into our field to be happy ever after in "Job's Widder," by R. G. Havens, and in *Scribner's* for April there is a tale of the most realistic sort. The geography is so markedly plain that one almost recognizes a sanatorium in New York, and almost names doctors, nurses, and even patients. The illustrations of this tale are particularly fetching. It is written over the name of Edward Boltwood, and it is surmised that no nurse had any hand in its production.

PRACTICAL TEACHING IN DRUGS

A RECENT development of the work of the Preparatory Department of the Johns Hopkins Training-School places a group of students on duty in the pharmacy each morning for a certain number of hours. Here they assist the pharmacist in the preparation of drugs required to fill the orders from the wards for the day. They learn how to make infusions, fluid extracts, tinctures, the making of solutions from standard strengths, mixing of ointments, weighing and blending ingredients, prescription reading, and the general sorting, filling, and grouping of such drugs as are required for use in a large hospital daily. The familiarity thus acquired with drugs in all forms and the accuracy taught in weighing and measuring will be of greater value to the students than the didactic teaching which has hitherto been the only method usually used in handling this subject. A more detailed description of this work will be presented in the JOURNAL later.

MEETINGS OF THE MONTH

THE reports of the annual meeting of the New York State Nurses' Association is found in the Official Department.

The quarterly meeting of the Pennsylvania Nurses' State Association, held at Wilkes-Barre, brought out a large number of nurses and was in every way most successful, but the report reaches us too late for insertion in this number.

IMPORTANT—CHANGE OF ADDRESS

AFTER a winter spent between New York, Boston, and Chicago, the Editor-in-Chief has returned to Rochester, N. Y., where she will be permanently located in her own house, 247 Brunswick Street, after May 15. Such frequent changes of address has made much confusion in the mail, which she hopes will be entirely obviated hereafter.

The lack of a permanent residence has greatly complicated the making up of the JOURNAL from month to month, and this change will give the editorial office a permanency which it has not before had.

The Editor requests her many friends and regular contributors to kindly note this change.



STONY WOLD SANATORIUM, FACING LAKE

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STONY WOLD SANATORIUM FOR TUBERCULOUS WOMEN AND CHILDREN

BY MARY A. SAMUEL

Member of the New York Hospital Alumnae Association, Superintendent of the
Training-School of Roosevelt Hospital, New York City

AS THERE is at present such a keen and wide-spread interest in the prevention and cure of pulmonary tuberculosis, a description of Stony Wold Sanatorium, with a short account of its organization and general workings, may be of interest to the readers of THE AMERICAN JOURNAL OF NURSING.

Situated seventeen hundred feet above sea level, in the Adirondack Mountains, surrounded by forests of pine and fronting on a beautiful little lake, the location will seem an ideal one for the purpose. The institution, only a few yards from its own station, Kushaqua, is nine miles above Paul Smith's, on the Mohawk and Malone Division of the New York Central Railroad, which runs through its property of seventeen hundred acres of land and lake. Malone, N. Y., is about thirty miles farther on the line, while a little more than two-hours' travel will take one to Montreal. The proximity of the railroad is one of its great advantages, avoiding the tediousness of a long drive for the patients and facilitating the transportation of supplies.

Stony Wold was incorporated in 1901. It is non-sectarian in every respect, and was formed by some noble-minded, philanthropic women of New York for the care of working-women, young girls, and children in the early stages of tuberculosis.

The proper care cannot always be given these people in their own homes, and it is especially to them that sanatorium life for a sufficient length of time may mean renewed health and fresh courage for the battle of life for those who not only support themselves, but are often the mainstay of the family.

In August, 1902, the corner-stone was laid by Bishop Potter with simple yet impressive ceremony, and the following autumn of 1903 saw the completion of the central building and one dormitory.

Besides the main building, the plan calls for four dormitories, the second of which has as yet only the foundation finished, and stands mutely appealing to the public for funds for its completion.

Two large rooms on the third floor of the central, or administration, building have been converted into wards for children, while the extra rooms in the same buildings, intended for the house staff, will meantime be used for patients.

Each dormitory is planned to accommodate twenty-four patients, and the one now occupied is filled; at present fifty patients can be accommodated. Every adult has her own room, which is attractively and comfortably furnished with due regard to the best hygienic conditions. When able, the patients take the daily care of their rooms, which are thoroughly cleaned once a week.

There are at present in the institution three boys and seven girls, ranging from eight to eleven years—boys over twelve are not admitted. These children, in the few weeks since their coming to Stony Wold, have gained several pounds in weight and are showing each day increasing benefit from the open-air treatment.

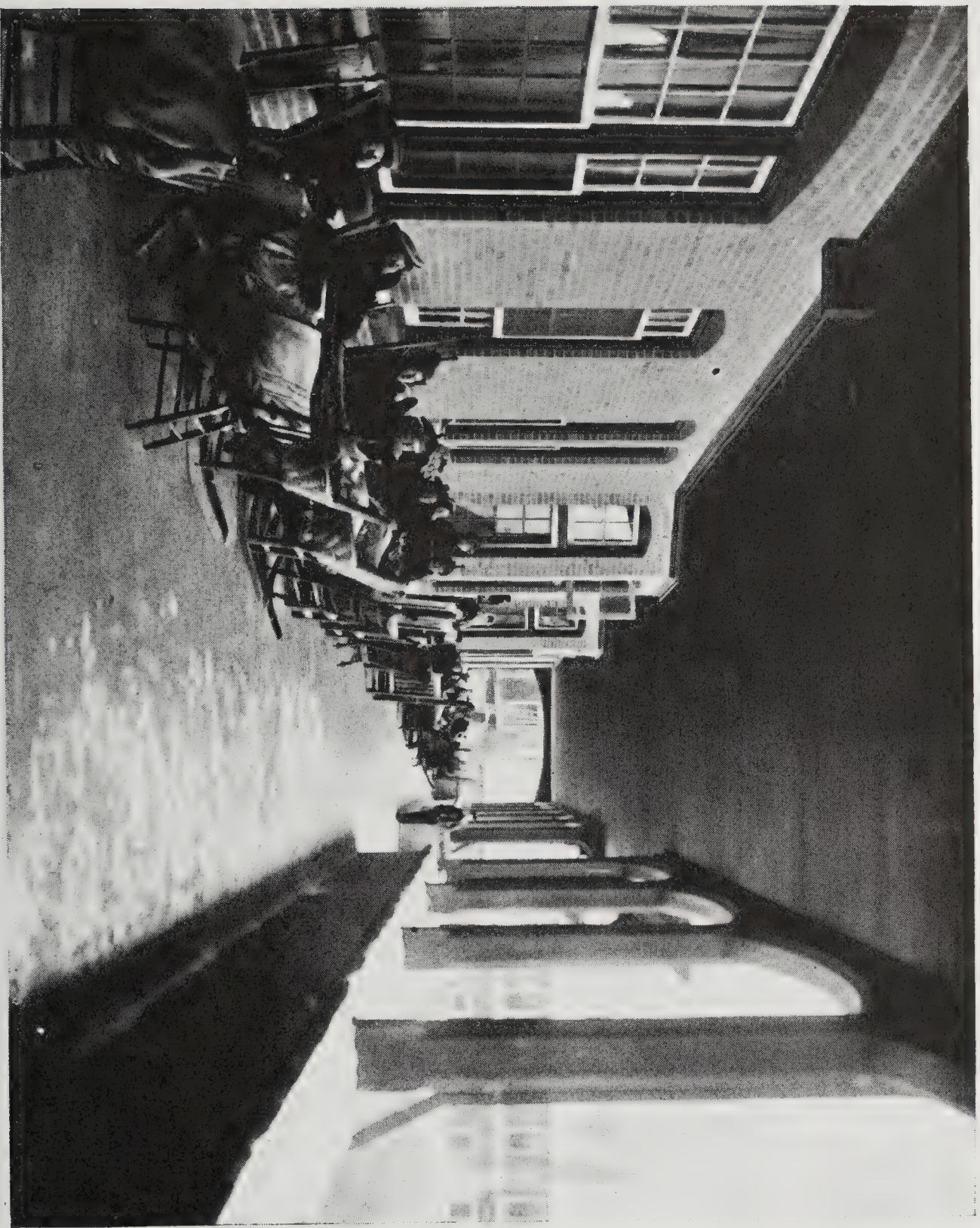
A competent teacher gives them instruction, classes being held each morning in the library. A physician and two graduate nurses are in residence, and as the work grows other nurses will be required.

While the cases are in the incipient stage much oversight is needed to insure the carrying out of all hygienic instructions, as well as in enforcing the *full* time to be spent in the open air. These women (the majority are but girls) require a great deal of mental stimulation and often much encouragement to induce them to persevere in what may seem to them, in their ignorance, a vain endeavor.

The work necessarily is largely educational. These people must be taught that tuberculosis is curable and preventable, and that if they are ignorant of or indifferent to the necessary precautions they become a source of great danger to their families and friends.

Authorities affirm that in sanatoria for consumptives, where the precautions concerning the sputa are most rigidly adhered to, one is perhaps safer from contracting tuberculosis than anywhere else. Patients returning from the sanatorium cured or improved bring with them the hygienic and sanitary education received in the institution and become distinct factors in the further prevention of the disease.

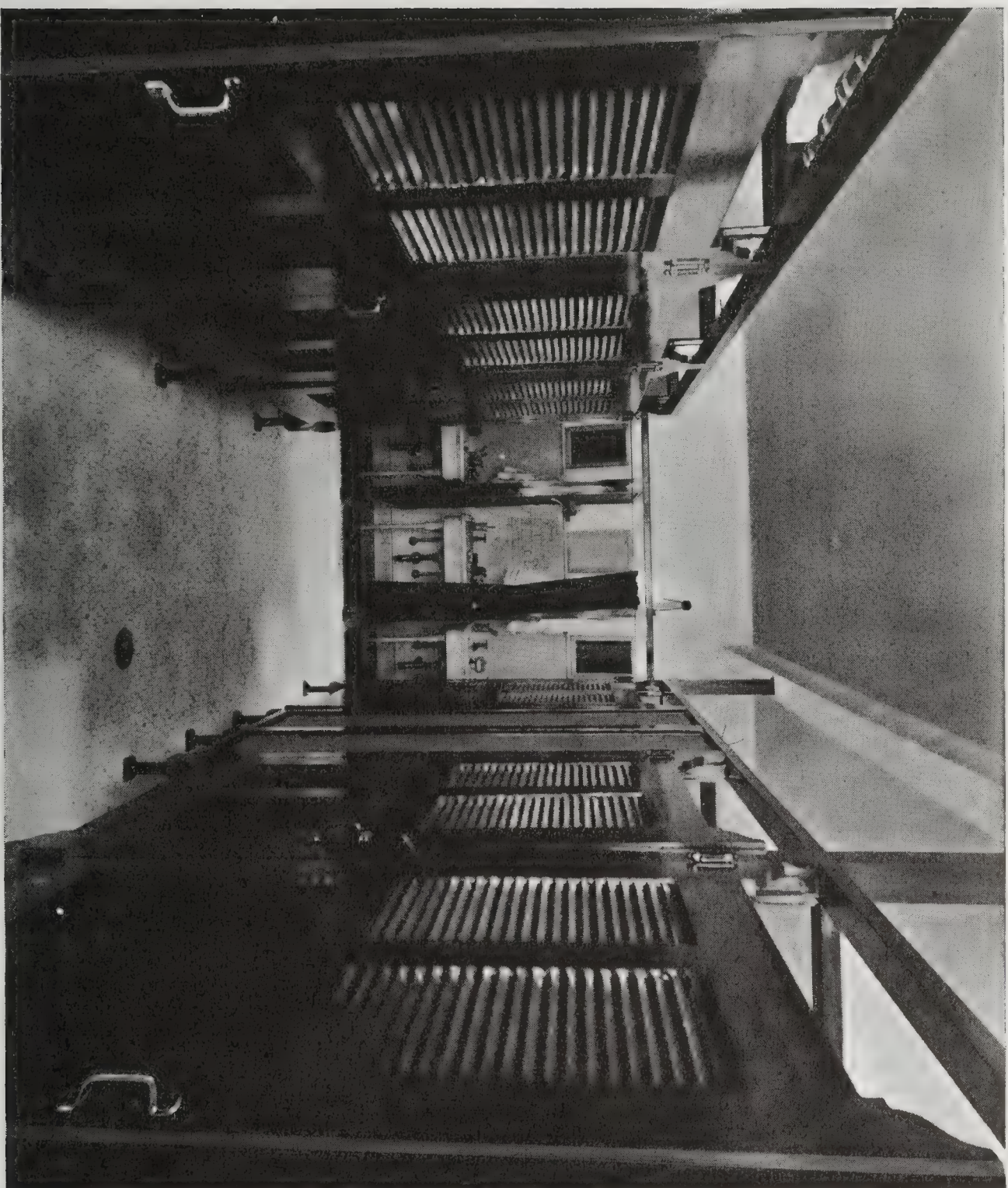
Experience shows that with proper sanatorium care seventy-five to eighty-five per cent. of incipient cases can be cured or so improved that



TAKING THE CURE AT STONY WOLD SANATORIUM



ASSEMBLY ROOM, MAIN BUILDING, STONY WOLD SANATORIUM



MODEL BATH-ROOM, DORMITORY A, STONY WOLD SANATORIUM



SUN PARLOR, DORMITORY A, STONY WOLD SANATORIUM

they may again become working members of the community, thereby lifting from the city a tremendous social and financial burden. Dr. Knopf says "that as conditions are now in most of our cities and towns, the majority of consumptives are doomed to a certain and lingering death . . . the child of to-day is the man of to-morrow, and the more children we cure of this disease now, the smaller number of consumptives we will have to take care of in the future."

The immediate need of Stony Wold is a maintenance fund for the support of patients, as the majority are unable to procure sanatorium treatment for themselves.

Already two nurses are numbered among the patients, and the president, Mrs. James E. Newcomb, reports several appeals for assistance or information from others in different parts of the State. With a view of benefiting these most deserving of applicants it has been thought wise to endeavor to organize an auxiliary among the nursing profession for the support of one or more of its members who may have become victims of the disease.

A committee has been formed for this purpose, and annual subscriptions, from one dollar up, may be sent to the treasurer of this committee, Miss Grace Knight, Roosevelt Hospital, Fifty-ninth Street and Ninth Avenue, New York City.

Seven hundred and thirty dollars will support a room for one year.

THE WORK OF DISTRICT NURSES AMONG TUBERCULOUS PATIENTS IN BALTIMORE

By J. S. AMES

President Instructive Visiting Nurse Association of Baltimore

HAVING read with great interest the article by Miss Nutting, of the Johns Hopkins Hospital, on "Visiting Nurses in the Homes of Tuberculous Patients," in the April number of this JOURNAL, I thought it might be worth while to make a brief report of the work which has been done in Baltimore during the past eight years, during which time many of the problems mentioned by Miss Nutting have been met and, to a certain extent, solved.

The Instructive Visiting Nurse Association of Baltimore began its work in January, 1896, being able at that time to support only one nurse. On April 1, 1904, it was directing the work of six district nurses and of one extra nurse whose entire time is devoted to the care of cases of tuberculosis. During the past eight years a great deal of

attention has been given to patients suffering from tuberculosis of all kinds, and during the year 1903 one hundred and ten *new* cases, in addition to the two hundred and more brought over from the previous year, were taken charge of. It was felt by the association that the work among tuberculous cases would be greatly helped if there could be one nurse whose work could be limited to this. There are advantages in this division of work, but also great disadvantages. From the standpoint of the nurses themselves it is well, of course, to have as few nurses as possible exposed to the dangers of this disease, and special attention can be given this point if only a limited number of district nurses attend the patients. The great good to be accomplished, however, by nurses visiting the homes of tuberculous patients is in paying *repeated* visits, so as to see that the instructions as to the food, the hygiene, and the other conditions of the patient are carried out. It is much better, therefore, to have the work so arranged that patients may be visited at frequent intervals, and this is absolutely impossible in a city as large as Baltimore if there is but one nurse whose field of work includes the whole city. At the best she can visit a case but once in a fortnight or month, which is by no means satisfactory to anyone. The plan adopted by the Baltimore association is to have the special tuberculosis nurse work in coöperation with the regular six district nurses, with the result that weekly, and often daily, visits are paid the home of the patient.

Immediately after the Tuberculosis Exposition held in Baltimore in January of this year, to which so much had been contributed through the energy and interest of this association in preparing charts, taking photographs, gathering statistics, and interesting the people among whom they work, resulting in many of them attending the exposition and lectures, Mrs. William Osler, the secretary of our association, made an appeal through the press of Baltimore for subscriptions to support a special nurse for tuberculosis cases. The response was immediate and most gratifying, Mrs. Osler receiving within a week subscriptions sufficient to support a nurse for one year. She asked the association to direct the work of the nurse, and her request was eagerly granted. The tuberculosis nurse lives with the other nurses in the Nurses' Home, where she is provided with a room specially prepared with reference to her work. This is under the direction of the head nurse of the association, Miss M. E. Lent, and the opportunities for conference between the different nurses before the day's work begins are most helpful.

In discussing the methods of work which were established by the first head nurse of the association, Miss A. M. Carr, and which are still in use, special attention may be called to the following points:

First, *food*. The nurses give instruction to the families of the sick how to prepare suitable food, and they see, further, that they are amply provided with milk and eggs. They are able to do this last through the generosity of the Association for the Improvement of the Condition of the Poor of Baltimore, who furnish us with unlimited amounts of their "sick diet."

Second, *fresh air*. The nurses invariably are called upon to rearrange beds and furniture in the bedrooms and living-rooms of their patients, and they insist, if possible, upon the patients having separate rooms where the windows can be kept open. In many cases they are able to persuade the patients to sleep on balconies or in passages open to fresh air. The association has several cots which it uses for this purpose. Through the kindness of several friends we also have six rolling-chairs and as many more baby-carriages, so that we are able to have all our patients given an opportunity of sitting or resting in the open air. In this connection it should be added that no small part of the nurses' work is to educate the patients and their families concerning the need of air.

Third, *sputum-cups, etc.* For many years the association has been buying thousands of sputum-cups, handkerchiefs, etc., for distribution among their patients, and these are now in general use in hundreds of families in Baltimore. The patients are carefully instructed as to the manner in which they are dangerous to their families and to the community.

Whenever a patient dies or moves from one house to another careful disinfection of his room or house is secured through the Board of Health.

Fourth, *charts, etc.* At the request of the State Board of Health complete records have been kept of cases of tuberculosis, and most extensive charts have also been prepared and submitted to the board. These will doubtless prove most useful, as adding to the records of the State.

From what has been said it will be seen that the experience of our association during its eight years of activity has been such as to make us believe most strongly in the work of the visiting nurses in the homes of tuberculous patients, for it is only here that efficient work can be done; and although it is true that with six nurses doing general work, it is not possible to see more than three hundred cases of tuberculosis during the year, nevertheless, these are attended to in a far more efficient manner than would be possible with a single isolated nurse whose work is restricted to attending this one class of patients.

THE RELATION OF OLD AGE TO DISEASE, WITH ILLUSTRATIVE CASES

By LOUIS FAUGERES BISHOP, A.M., M.D.

Visiting Physician to the Lincoln Hospital, New York City

OLD age is a purely comparative term, and there is no reason why we should not make a special study of it. It is a condition which is reached in the natural process of life and is difficult to define, except according to its characteristics. Some individuals at forty are older than are others at ninety. This is true not only of the body, but also of the mind. The process of growing old has certain characteristics, which are also seen in certain diseases, such as Bright's disease, paralysis, etc. It is not surprising to find that diseases of this class are founded primarily on disease of the blood-vessels, and are due to what is known as fast living, which, it is only logical to conclude, brings an individual to prematurely old age. Degeneration of the blood-vessels is the essential feature of old age, and the same conditions are found in the slower cases of Bright's disease. Every hospital has at times cases of Bright's disease, in which the patient had become feeble-minded, having lost his intellectual grasp and become childish. In Bright's disease we also see the development of paralysis, which is due to interference with the circulation of the blood.

The causes of early old age are the same as those of Bright's disease—the various forms of intoxication. Chronic poisoning from the prolonged use of alcohol causes a degeneration of the blood-vessels that tends to hasten the signs of old age. The next most important intoxication is that of syphilis. Attacking, as it does, the blood-vessels, there is no doubt whatever as to its tendency to hasten the development of old age. Still another intoxication is that produced by an injudicious diet. When a person eats a great deal more than is needed—particularly rich food, especially if combined with wine—the digestive apparatus is thrown out of order, and much of the product of the food has to be excreted in combinations of uric acid. The excess of food must be disposed of by the system in the best way possible. In this process, in attempting to take care of the surfeit of food, the chemistry of the body becomes disordered, and instead of the production of urea, we have the development of urates, and consequently the gouty diathesis. This is nothing more than deficient chemical action in the body when for some reason it is unable to complete its work. The same may take place through an error in the chemistry, but that is uncommon. In rare instances the same fault in the chemistry of the body may be due to other causes

than an excess of food, so that once in a while we find examples of gout in persons who hardly get enough to eat; however, such cases are infrequent. This error in the chemistry of the body, which we call the gouty diathesis, allows certain materials to be produced in the circulation which have the same effect upon the blood-vessels of the body as the other causes we have mentioned. We see, then, that old age may be hastened by an over-indulgence in food.

Another factor in producing pre-senility is overwork. The individual may be strongly attached to some form of labor, constant application to which, combined with worry, may result in disorder of the nervous control of the blood-vessels. The heart's action becomes affected, and there is brought about through the nervous system a condition of arterial tension. This leads to degeneration of the blood-vessels resembling that produced by gout, syphilis, and alcohol. We do not often, however, get these causes intermixed with the alcoholic habit. This kind of work hastens old age.

The process of growing old commences at maturity. Up to that time the process of growth is one of construction. From that time on it is one of hardening. This law is one that we cannot get away from, and it is quite important that we should recognize it. People who live to be one hundred years old are freaks, just as babies who are born with teeth, or who talk when a few months old. We learn very little from these. The same is true of a man who lives to be very old in spite of the abuse of tobacco and alcohol.

The object of this paper is to show some of the conditions that are met with in old people, and to explain something about the care of the old and infirm. There are certain principles that physicians learn from experience. One is that it is bad policy to keep old people in bed. The danger of becoming bedridden and of losing the ambition that keeps old people going is very great. In nursing old people it is better to err on the side of keeping them up than putting them to bed. The time when an old person gives up and yields all his dressing and washing to the nurse marks a mile-stone towards senility, of which most old people are conscious, and if he is not on his guard against its approach the nurses and those around him should be. It is very easy for old people to give up and hard for them to resume. They know this, and often one of the most difficult things for a nurse to do is to persuade old people to be waited upon. I could tell a good many interesting incidents of the way old people have resisted the care they really needed, and a good many examples of the ingenuity of nurses in taking care of these old people without their knowing it. I remember one old man, whom I had charge of for a long time, and who only com-

menced to grow old when he reached eighty. He positively refused to have an attendant of any kind with him, yet he would go about the city and get lost, causing a great deal of anxiety to his family. A nurse was introduced to him in the capacity of a butler, and this man always followed the old gentleman around. When the old gentleman got lost, the butler generally happened to be near and would walk along with him. This trained nurse was very ingenious and took care of the old gentleman for several years without his knowing it. He found that the old gentleman, although very rich, would persist in wearing his old clothes. When he got into the habit of wearing a particular garment he did not care to give it up. Some of the members of the family spoke to him about it, but to no effect. The nurse would tell the old gentleman that the coat, or whatever it was, needed new buttons or repairing, and an article very like the old one would be substituted, and the old gentleman would not know the difference. This shows that tact is better than persuasion.

Another thing that you must bear in mind is that old people cannot remember new things, also that they get accustomed to things which in a younger person would be injurious. You should not dictate to them as to the hours of rising and retiring, and to a great extent what they should eat. A very old person gets into a groove, and the nurse must not disturb it too much.

Recently the writer was called to an old patient with pneumonia. The trained nurse came and wanted to take off the clothing the patient was wearing in bed and to alter a great deal the surroundings of the patient. I did not think that wise with a person of seventy-five. She wore flannels in bed and had been accustomed to certain ways of dressing and having the bed in a certain way, and found it very difficult to change. As a rule, it is better not to disturb the habits of the old. It is the same way with stimulants. If an old person is accustomed to stimulants, he should have them. If a man is accustomed to tobacco, he should have it. You cannot with advantage alter the plans of life of old people.

In advanced life the memory for recent events—the things that happened yesterday and last week—is very slight, but the memory for things that happened long ago is strong, hence they are interested in things that happened long ago. Now, younger people, both doctors and nurses, find this very tiresome. If you try to interest senile patients in what is going on at present, you will probably fail in doing so. You must make a study of what interests them most. To do this, find out what interested them in their former life. They will usually brighten up, talk, and become interested. Old people tell the same story many times. Always listen as attentively as you can the first time the story is told. If you do so, you will generally get along with them

and they will think you are a good nurse; while if you treat old people like young ones, making them go to bed without flannels, putting them to bed early and not letting them up early, you will find that you cannot handle them so well.

The diseases of old age often resemble those of children. The diseases are not typical. Pneumonia is the most fatal disease with old people. What you must watch for all the time is the development of failure of circulation, because when a person dies of old age it is from failure of circulation. This failure may lead to the degeneration of the kidneys, or more often to paralysis, but in either case the cause is degeneration. The saying is, "A person is as old as his arteries." In old people you watch for signs of interference with the circulation, and this may be shown by a very slight thing—for instance, a little staggering, a little awkwardness with one hand or one foot, or the speech may be a little thick. Any of these may be the first sign of the development of paralysis. The treatment for this condition is to a great extent medicinal, and is of extreme importance. Thus, when the signs of the failure of the circulation are marked there are certain drugs that will postpone the catastrophe. These are the drugs that dilate the blood-vessels. The most important are the iodide of potash, or soda, and I have no doubt that old people can be kept alive a considerable length of time when the circulation is carefully watched and they are treated to prevent failure of the circulation.

SENILITY.—The foundation of nearly all organic disease of the nervous system, whether it is the failure of the brain in old age, or paralysis in younger people, lies in the blood-vessels.

The reason that syphilis attacks the brain is that it attacks the blood-vessels. This leads to a shrinkage of the tissues. Thus we see the resemblance between the effects of syphilis and those of old age. Old age affects the mind through the failure of the blood to circulate properly. The arteries of the brain are degenerated, and the blood no longer nourishes it well. The early signs of mental senility are probably not often improved by treatment, but the development of these early signs can probably be arrested by treatment.

CASE I.—A. B. is seventy-eight years of age. She presents very few signs of old age. Her blood-vessels are soft and her circulation seems to be in good condition. She states that she can remember things that happened a long while ago, but cannot remember incidents of a few days ago, which is very characteristic of the loss of memory that comes with old age.

CASE II.—C. A., according to her statement, has reached seventy-two. She shows a hardening of the arteries that is so often found in

old age. In taking her pulse, the artery gives a feeling like a row of beads; still, the artery is not peculiarly stiff and is in fair condition for her age.

CASE III.—E. F. is eighty-one years of age, and shows one of the unmistakable characteristics of old age, arcus senilis—the fatty degeneration around the iris as it joins the white of the eye. However, that is probably not well founded, as we find it in some people who are pretty young, and we do not find it in all people who show all the other signs of old age.

CASE IV.—G. H. is eighty years old and shows the characteristic arterial changes. She is blind and her eyes show the evidences of what the oculists call “phthisis bulbi,” which is the shrinkage of the eyes, and for which there is no remedy.

CASE V.—I. J. is apparently one of those freaks that I have spoken of who live away beyond the natural term of ordinary human life. She shows an extreme degree of the degeneration of the blood-vessels, as indicated by the hardening and bead-like feeling of the radial artery. She says she is one hundred and two years old, and from her general appearance, and from the fact that we know that some colored people do live to that age, I have no reason to doubt her story. Her mental condition is shown by her general manner in talking to herself, which shows that she is approaching that state known as senile dementia.

CASE VI.—K. L. is ninety or more years old and shows the characteristic atrophy of the jaw which always goes with old age. The jaw is one of the most characteristic indications of age. If you notice a young baby, the mastoid process is hardly developed at all, and the jaw of the infant is very little developed. In middle life, or as you approach maturity, the process of the development of the jaw becomes full and square and is quite characteristic. If you will look among any group of people of middle age you will see that they have full, square jaws. They have reached maturity and their jaws are fully developed; but if you notice the old people, without exception, you will notice that the jaws are lighter, particularly after losing the teeth. This atrophy leads to the loss of the teeth. The jaws are very thin. Some old people show an extreme degree of atrophy of the jaw caused by old age, which goes on more rapidly after the loss of teeth. This relation of the teeth to age is very curious; it is a fact that people who live to a great age often retain their teeth. Most of our famous men who have lived to a great age have usually retained their teeth until death.

There are one or two other things in connection with old age that are of special interest. The eye undergoes certain changes that are very characteristic. In early life the power of accommodation is very great.

If you have ever noticed a baby, you will find that it looks closely at an object and accommodates itself to very near vision. Up to the age of forty people focus their vision to a convenient distance. About that time you will find when you try to read that your arm is not long enough, and old people have to get new glasses from time to time, which is a characteristic indication of advancing age. Of course, a near-sighted person does not have to do that.

The hearing generally becomes impaired during the process of growing old, so that most old people are not quite normally acute in their hearing.

The pulse-rate becomes slower in old age, and that, too, like the changes in the eye, is a process that goes on from birth. At birth the pulse-rate is about 140. During the first year it falls to perhaps 100, and gradually goes down at maturity, when it averages 72. In old people you will find the pulse somewhat slower. That is one of the processes that goes on, like those of the eye, throughout the whole course of life.

The lessons that we are to learn about the study of old age is, that it is inevitable, and we must adapt our practice to the age of the individual. You must not treat a young child as you would a grown person, nor must you treat an old person as you would one in the prime of life. For a person in the seventies it is not worth while to make any great sacrifice in the way of money and associations to go in search of health, because the probabilities are that the disturbance of the routine to which he has been accustomed through many years will do him more harm than any climate will do him good. Again, old people do not stand accidents or operations well. They live in a state of equilibrium, and any great shock is liable to disturb their balance and lead to death.

A SCHOOL FOR SOCIAL WORKERS

BY M. ADELAIDE NUTTING

Superintendent Johns Hopkins Hospital School for Nurses

NURSES will share with other trained workers the general interest which is aroused by the recent announcement that Harvard University and Simmons College, the oldest and the newest of our institutions, have united in establishing what is called "A Training-School for Social Workers." This is, briefly, a school for the training of men and women in the practical administration of public and private charities. That great need exists for the training which a school of this nature will provide no one at all familiar with social problems can for one minute doubt,

and it is gratifying to know that the first permanent school established for this purpose should be under the auspices of two such institutions as Harvard, the oldest university in America, and Simmons College. The Board of Administration of this new school will include President Eliot, of Harvard, and President Lefavour, of Simmons, and the director is Dr. Jeffrey M. Brackett, of Baltimore. Dr. Brackett has been well-known for many years as director of most of the important private charities, and of late as Supervisor of the City Charities of Baltimore. He has been a lecturer of the Johns Hopkins University, and is president of the National Conference of Charities and Correction. Those living in Baltimore know him as the friend, helper, and adviser of all who are interested or engaged in any form of worthy social work, and his loss will be deeply felt in those centres of social and philanthropical activity which he has done so much to develop, and upon which he has left so strong an impress.

The new school will be the first established in this country to give definite and systematic instruction in the whole field of social work. According to the announcement, it is "A School for the Study of Charity, Correction, Neighborhood Uplift, and Kindred Forms of Social Service." It purposes to give to young men and women wishing to study these problems opportunities of doing so by practical methods under careful supervision and instruction, which is given alike to those who would become officers of institutions or would serve as volunteers. The topics included in the programme of instruction cover a wide ground. Some of them are:

The aim of social service.

Knowledge of standards of living, of neighborhood needs and resources.

Improved housing. Hygiene of occupations.

The settlement movement.

The scope of charity.

Causes of dependency.

Public aid and private charity.

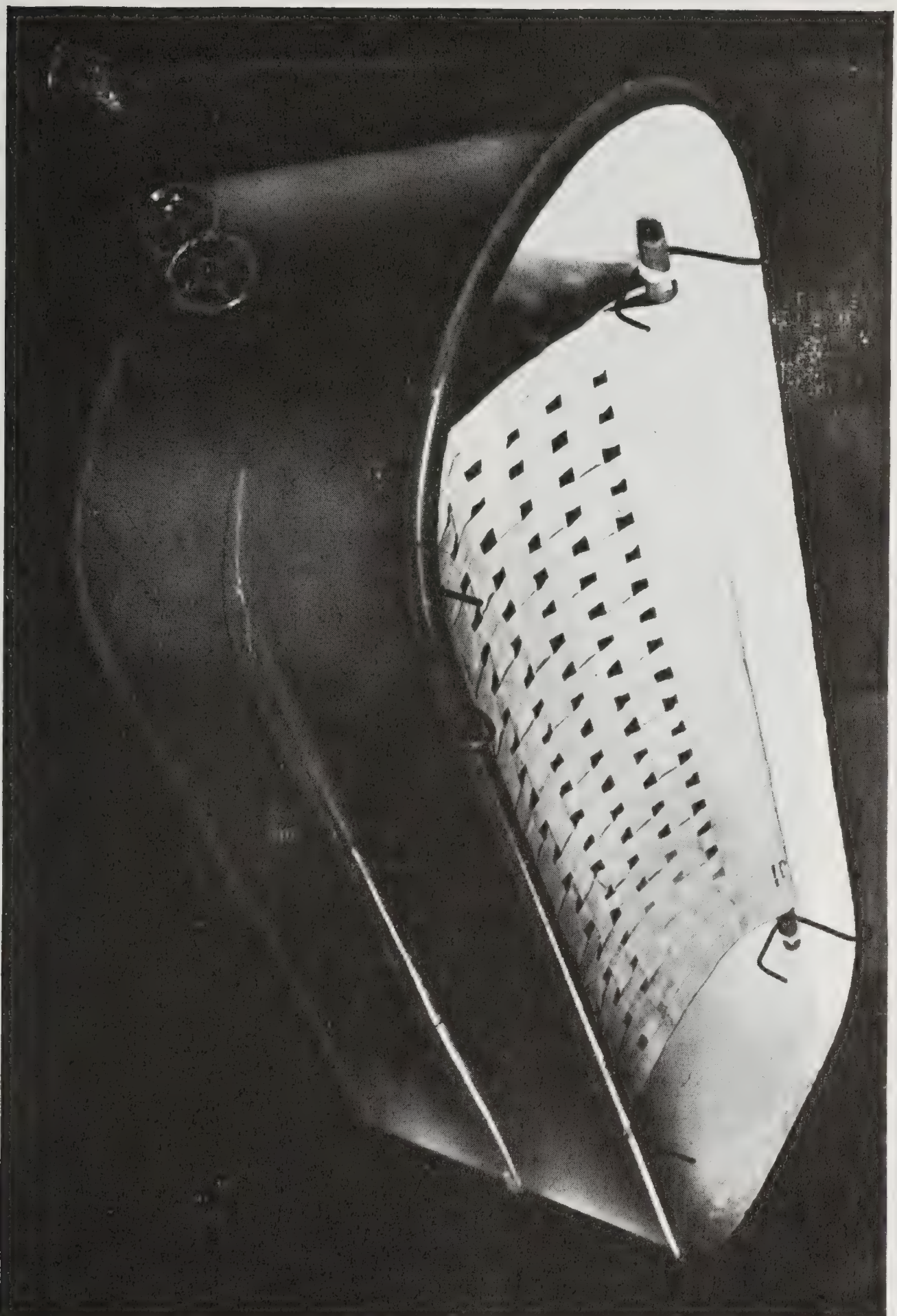
Treatment of needy persons in their homes.

The care of children out of their own families.

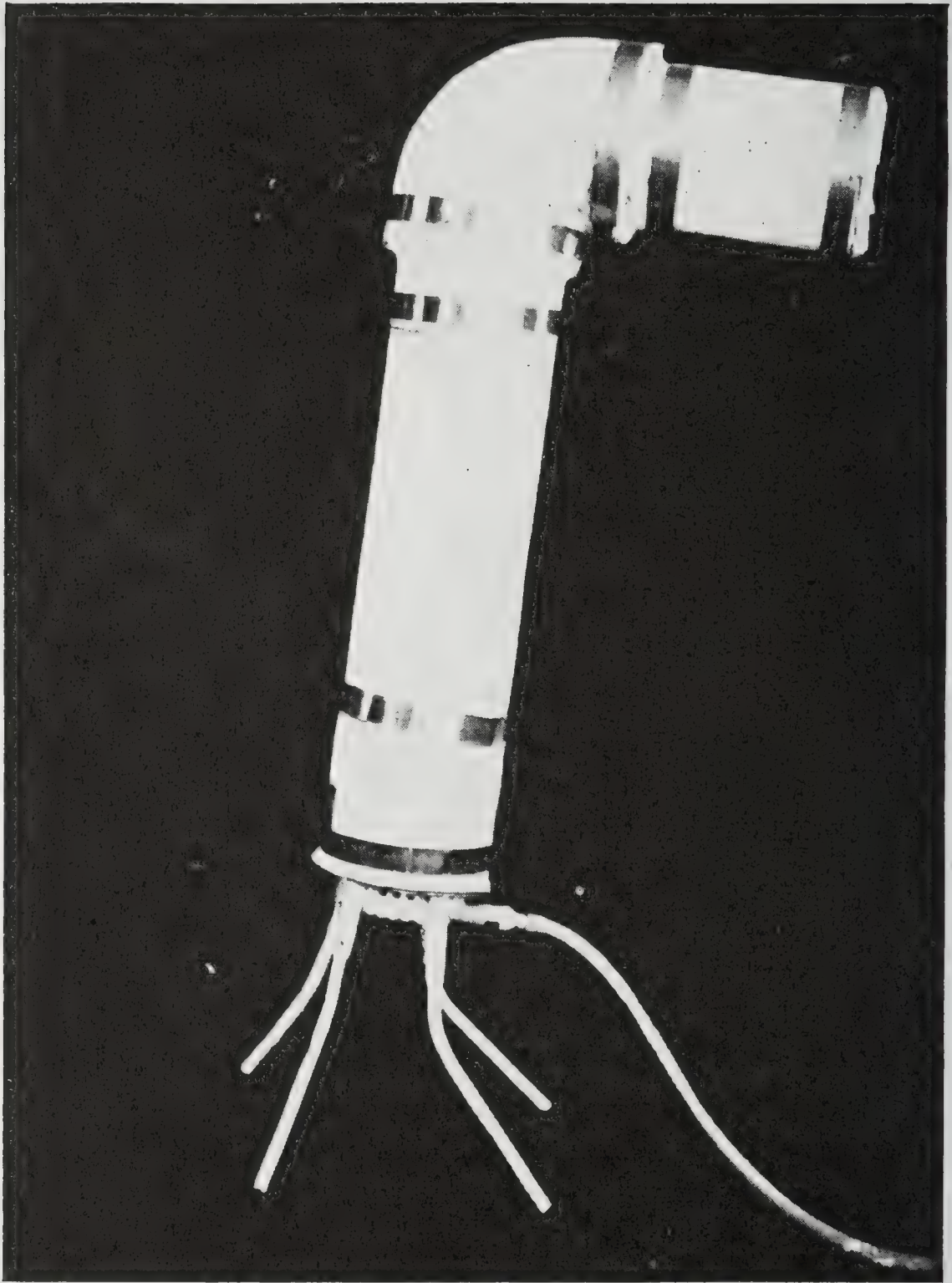
Sanitary and preventive measures.

Instructive visiting nursing.

It will be seen at once that there is no agency for the relief of need that is not here considered, and visiting nurses will be quick to recognize the value which such an opportunity for study as is here offered presents for them. There is no phase of the work above outlined with which they may not come in contact in their daily rounds. Their usefulness to the community is in direct proportion to their ability to understand and



5. HAMMOCK FOR USE IN BATHING CHILDREN



6. SWEAT-BATH APPARATUS

handle wisely questions of a distinctly social nature, into contact with which the call for their professional services has led them. It is understood that special opportunities will exist for visiting nurses to take advantage of some portions of the course of study. The school will be opened early in October, 1904, in Boston, near the centre of the city. The course will cover one academic year, ending in June, 1904, at which time a certificate will be given to those who have been in attendance. Those desiring further information may obtain it by writing to the director, Jeffrey M. Brackett, 8 Park Street, Boston, Mass. Persons wishing to enter the school may see the director by appointment in Boston from May 15 to June 15 and after September 15.

Mr. Brackett will be assisted in his work by Miss Zilpha D. Smith, for many years general secretary of the Associated Charities of Boston, recognized as a leader in training workers, paid or volunteer.

APPLIANCES EXHIBITED AT THE MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES IN PITTSBURG, OCTOBER, 1903

BY CAROLYN C. VAN BLARCOM

The Johns Hopkins Hospital.

(Continued from the March number, page 437)

HAMMOCK FOR BABIES.

THE hammock shown in the accompanying cut is another adaptation of the stretcher which has been described. (Fig. 5.)

It rests upon hooks hanging from the sides of the tub, but does not reach the water-level. It is found to be a great convenience when bathing such children as may not be put into a tub of water because of plaster or other dressings, for a child resting upon this hammock and covered with a bath blanket is warm and comfortable, and, being just above the water, may be given a thorough soap-and-water bath without the necessary articles having to be carried to the bedside.

In giving morning baths to several children this simple device, which is used in the orthopædic ward at the Johns Hopkins Hospital, lends no small aid in saving time during the busy morning hours.

SWEAT-BATH APPARATUS.

The sweat-bath apparatus which was demonstrated consists of an elbow of stove-pipe thickly covered with asbestos and attached to a tripod

and Bunsen burner. The lower end of the pipe stands well off the floor, supported by the tripod, while interposed between these is the Bunsen burner. The latter may be connected with a convenient gas-jet by means of long rubber tubing. (Fig. 6.)

This appliance is for use in giving sweat-baths when hot air is the form of heat desired, and in many instances has accomplished the desired results when other methods employed to induce sweating have been inefficacious. The patient is prepared as usual; resting upon a blanket and mackintosh, is well covered with another blanket, so that no part of the body excepting the face is exposed. Over this is fashioned a tent of one or two cradles and the necessary number of blankets and a mackintosh, the whole being covered by a sheet or bed-spread. These coverlets should be well tucked in along the sides and foot of the bed and about the patient's shoulders to provide against the escape of heat. The stove-pipe stands at one side of the bed about two-thirds of the way down, or at the foot, while the upper end projecting into the tent introduces a current of hot air generated by the gas-flame below. The intensity of the heat may be regulated by the size of this flame.

The advantages of this appliance are in its safety and stability. (Fig. 7.)

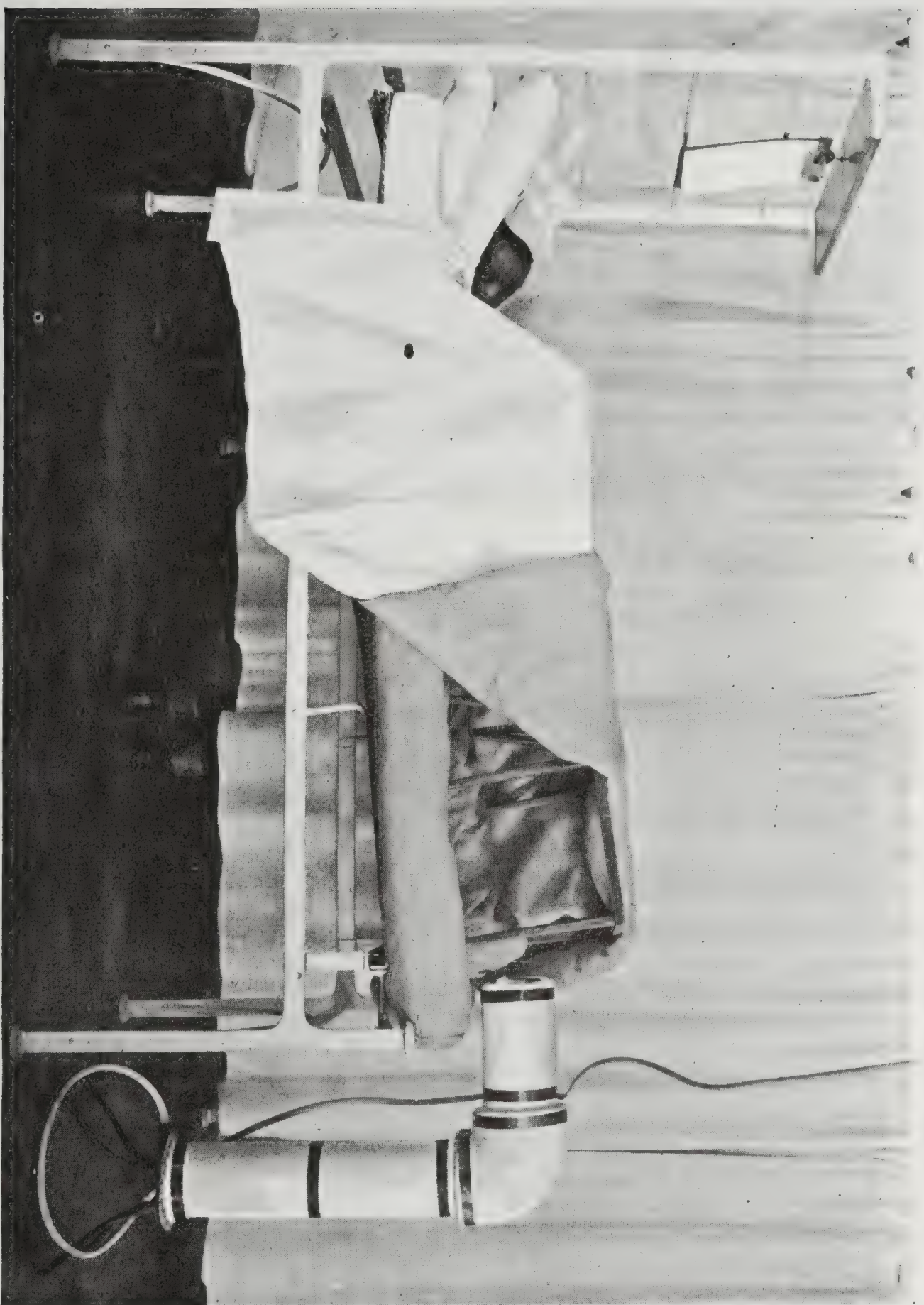
STEAMER.

Another interesting appliance demonstrated was a steamer, the device of a nurse, for use in nursing diphtheria, croup, or any of the various troubles which are relieved by a moist atmosphere. It is essentially an ordinary teakettle with a telescoping spout and provided with valves and gauges which make it impossible for the water to boil over. By means of these the nurse is kept constantly informed as to the height of water in the kettle.

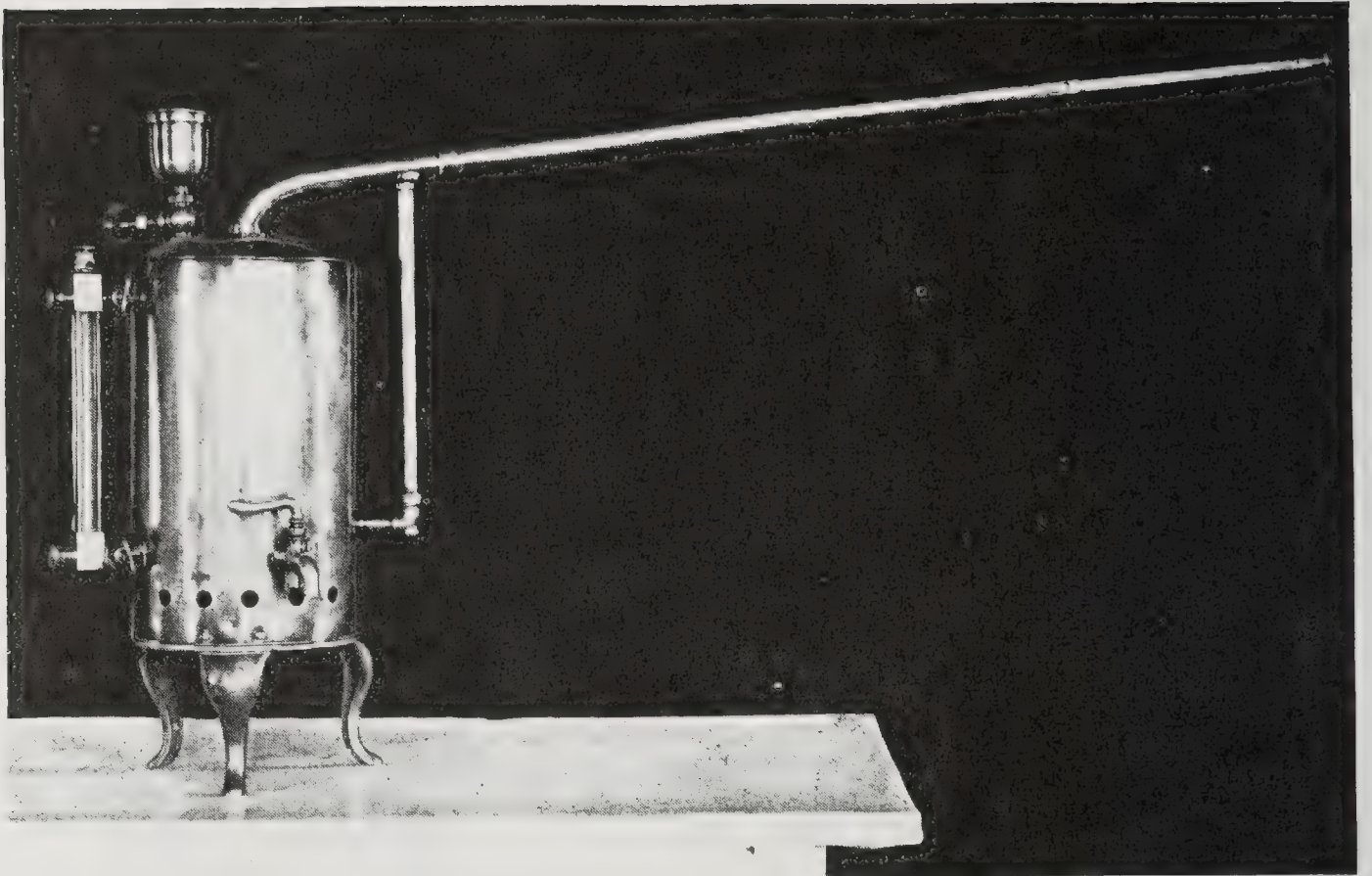
The receptacle for water, raised upon secure legs, should stand over an alcohol-lamp upon a table covered with asbestos. Because of the long spout the kettle may be placed at any desired distance from the bed and still have the source of steam quite near the patient, thus reducing to a minimum the danger of igniting the bed-clothes or scalding the patient. (Figs. 8 and 9.)

STUPES.

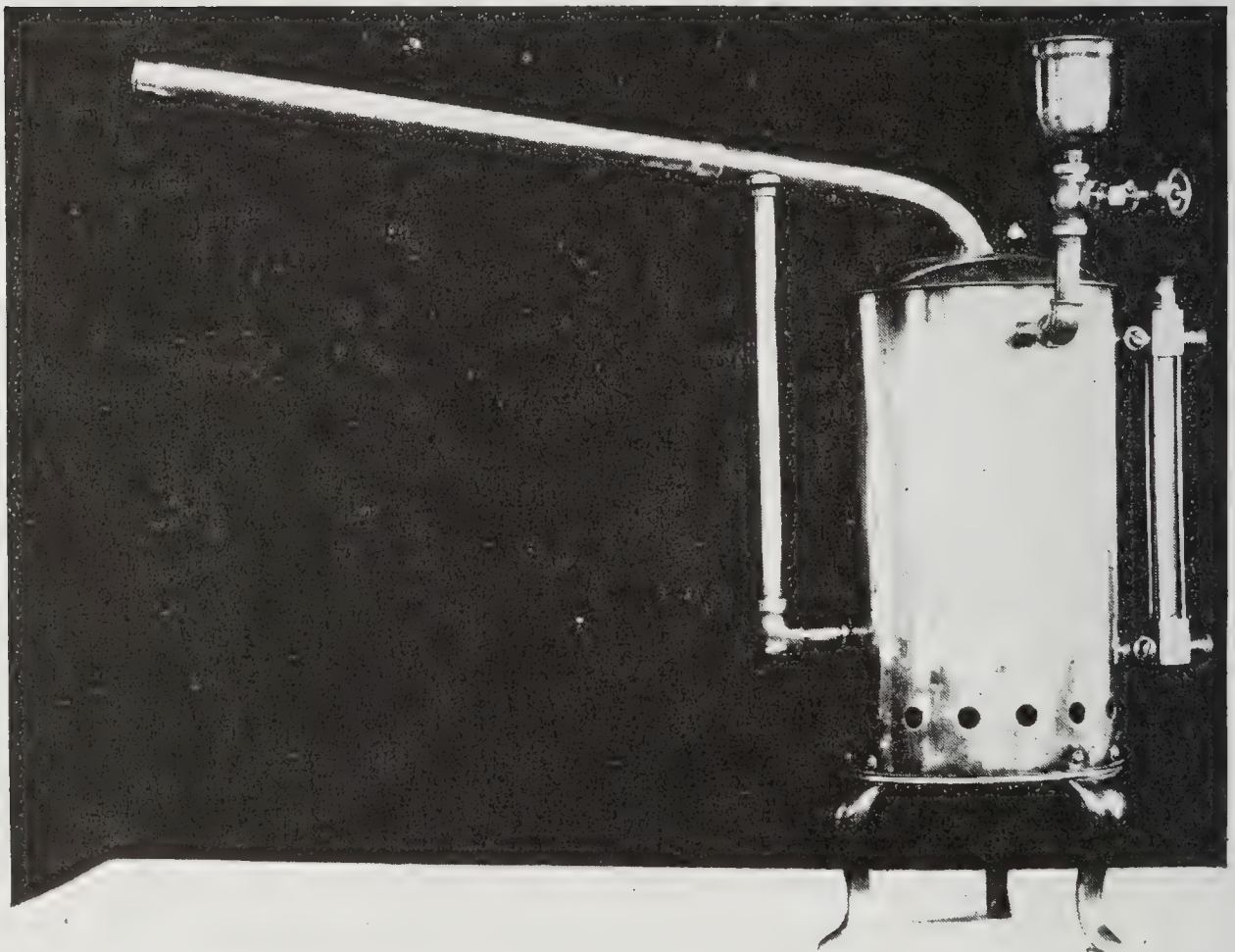
The stupes which were exhibited bear mention because of their being very light in weight and capable of retaining their heat for a long time. They are made of two thicknesses of soft flannel of any desired size and shape and filled with carded lambs' wool, tufted at intervals to avoid lumping. Such a stupe wrung out of hot water as dry as possible, covered with oiled muslin or some of the light rubber tissues now in the market,



7. SWEAT-BATH APPARATUS READY FOR USE, WITH FOOT OF BED OPEN TO SHOW ARRANGEMENT OF BEDCLOTHES



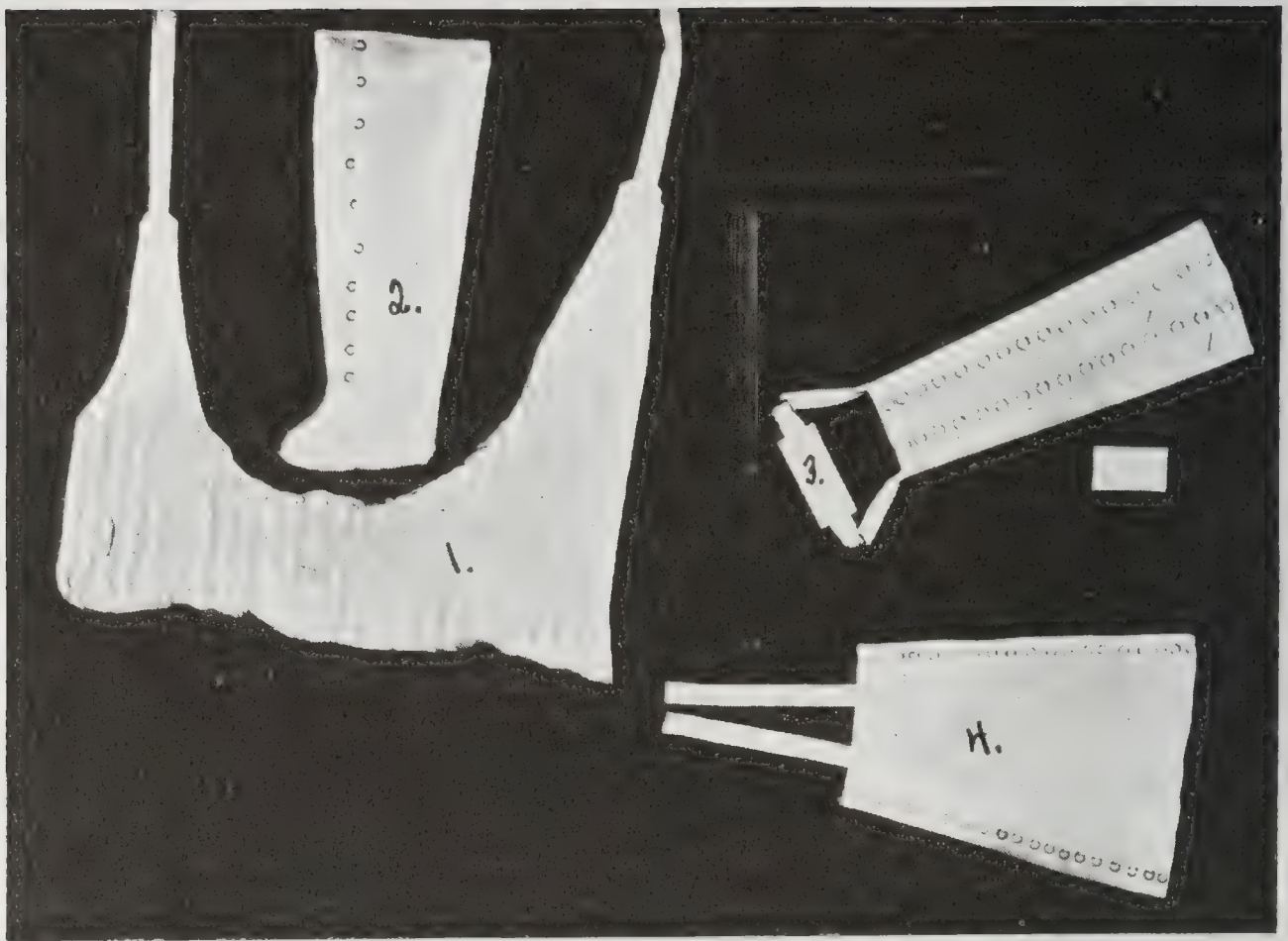
8. STEAMER—FRONT VIEW, TUBE EXTENDED



9. STEAMER—BACK VIEW

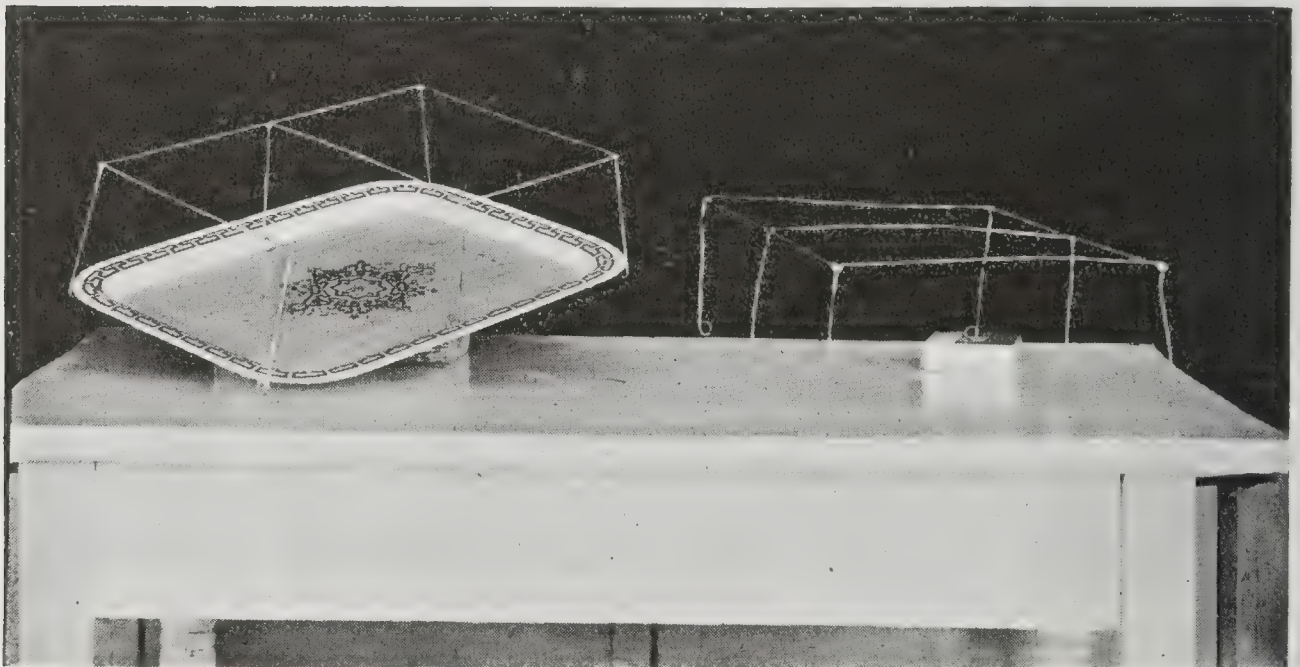


10. PNEUMONIA BAG



11. EXTENSION STOCKINGS

1. For suspending leg from over-head bar.
2. Woollen legging with quilted foot.
3. To replace bandage and adhesive strapping in Buck's extension (closed.)
4. The same (open.)



12. TRAY RACK

and a dry stupe, supplies a hot but very light compress which is most acceptable to patients who look for relief from hot applications.

PNEUMONIA BAG.

The ice-bag for pneumonia patients closely resembles the ordinary ice-cap in its general structure, but by virtue of its size and shape is admirably adapted for use by such patients as require cold applications over a large area—for example, a chest, back, or side in pneumonia. It consists of a rubber pillow fifteen inches long by twelve inches wide, with a screw top at one end about three inches in diameter which offers an opening for the introduction of crushed ice. Held in place by means of a binder, it proves to be quite a satisfactory solution to the problem of applying cold to a territory which exceeds in size the ordinary ice-cap. (Fig. 10.)

ICE-CAP COVER.

The little ice-cap cover has found favor among nurses attempting to keep ice-caps over the hearts of restless patients. It is a square slip much like a pillow-case, with the open side provided with tapes for closure, and at each corner a long tape is securely fastened. After the bag has been applied over the heart, the tapes from the two upper corners are tied about the patient's neck, while the two lower ones pass around under the arms, thus preventing the ice-cap from slipping up, down, or to the side.

EXTENSION STOCKINGS.

Three extension stockings were demonstrated which have been devised to relieve some of the discomforts experienced by patients having their legs in extension. The first is a woollen legging with a quilted lambs'-wool foot, to be used upon a patient whose leg is flexed at a right angle to the body, as is the case in an over-head extension. It usually taxes a nurse's ingenuity to keep this isolated member warm, so that the protection offered by such a stocking, which slips on over the dressing and bandages, is indeed a comfort.

The second is one which, though used with relative infrequency, merits demonstration because of the relief it has afforded to those patients whose legs are swung to an over-head bar, with the lower part, that below the knee, parallel to the bed and extension made at the foot. The stocking amounts to a hammock, which is carefully shaped to the curves of the leg and ankle, so that when suspended from the over-head bar all parts of the limb are equally supported, which is a much less trying adjustment than straps placed at intervals to swing the leg into the desired position. (Fig. 11.)

The third stocking really does duty as a bandage, since it was devised to replace the adhesive strapping and roller bandage used in putting up a Buck's extension when for any reason—for example, abraded or red-denied skin—such a dressing may seem inadvisable. With weights fastened to the straps at the lower margin of this stocking after it has been snugly laced from ankle to knee, the same even traction may be made as when the spiral adhesive bands are used, though a little closer vigilance must be exercised, for the stocking slips and becomes loosened from time to time. One advantage worthy of mention is the possibility of dressing the painful areas that are occasionally seen after a leg has been in extension for a very long time, and at the same time keep up the extension by applying this stocking over the dressing, thus relieving the local discomfort without interfering with the treatment.

TRAY RACK.

The tray rack is a simple affair fashioned of bent wire with the idea of holding the covering over a tray of nourishments or a patient's meal, well above the dishes and their contents. (Fig. 12.) It consists of a rectangle approximately the size of the tray, with six legs about four inches long, one at each corner and one on either side. With the wire curved a little at the extremity of each leg it is possible to rest two on top of the tray and slip the other four just under the edge, thus securing the rack while the tray is being carried from diet-kitchen to patient, after which it is easily removed.

WHAT REGISTRATION OF NURSES WILL DO FOR THE PUBLIC *

BY CONSTANCE V. CURTIS

Superintendent Phoenixville Hospital and Vice-President of the Graduate Nurses' Association, State of Pennsylvania

THERE has been a great deal said and written of what registration will do for nurses and the medical profession. Very little has been said of what benefit it will be to the public. I will try to show some of the many advantages the public will gain from State registration of nurses.

We, as a nursing body, know of the many shortcomings and deceptions practised by those who falsely represent themselves to be trained nurses. The country is flooded with them. These women, sometimes,

* Read at the meeting in Wilkes-Barre.

have been in a hospital only from one to six months, and have then been dismissed for improper conduct. They were wholly unreliable and unfit to care for the sick. They cannot belong to our profession without being discovered, though sometimes we do not discern their deception until they have made serious mistakes.

Unfortunately, our profession offers to women who are unprincipled and insincere an opportunity to take up the work as a cloak. On the other hand, fortunately for the profession, the women who have charge of training-schools for nurses have developed so keen an insight into human nature that they discover such deception and dismiss women of this type, though they may have remained in the hospital long enough to pick up sufficient information to be able to pose as trained nurses. They will wear a uniform and assume all the assurance of manner of one who had been thoroughly trained.

A case of this nature came under my personal observation. She posed as a trained nurse. She had a very sweet, plausible, and impressive manner. She took charge of a very serious typhoid-fever patient, who was taken sick quite a distance from home and among strangers. A friend wrote to the patient's family and told them that he had typhoid fever, but had an excellent nurse and a good doctor. When they heard this, having had the utmost confidence in trained nurses, his friends felt at perfect ease in regard to his condition. When a member of the family went to see the patient she began questioning the nurse as to where she studied nursing, etc. After trying very hard to evade the questions, it was discovered that she had never been inside of a hospital as a student nurse.

She had neglected her patient dreadfully, and when he tried to complain to the doctor she would say he was delirious. She had never given him a bath. The patient had a bed-sore. She would not give him ice, milk, or water. What few friends he had, she would not allow in to see him, saying he was too ill to receive visitors. He said no one knew what torture he went through with the nurse.

When the physician who had charge of the case was asked why he engaged such a person, he said she told him she was a trained nurse, besides, she wore a uniform and some kind of a badge. He was much surprised when he was told how she had neglected her patient and his orders. The patient said he would hear the doctor tell her to give him ice and water, and then she would not give it. She was such an impostor that she had thoroughly hoodwinked the doctor. She made him believe she was carrying out his orders perfectly, and had the audacity to charge twenty-five dollars per week!

It is from women of this type, and of others who have a great

many more serious faults, and I may say vices, from whom we are anxious to protect the public. We desire the public to know just how important it will be to ask, "Are you a registered nurse?"

What person would be willing to trust a dearly loved member of his family to be nursed through a serious illness or operation by such an individual as I have described above? The public are being continually exposed to such frauds. They do not know what measures to take to protect themselves. It is very hard to properly discriminate between real worth and pretence. The public are not always in a position to judge.

If you find you have been duped with one of these fraudulent nurses, and you have trusted her to care for some member of your family that is dear to you, you will be willing to exert yourself to the utmost in helping us to secure State registration of nurses. After registration a record will be kept so that we can know each year if our nurses are living up to the standard of our profession.

Our standard must be high. The woman who enters the profession must be noble and broad-minded in order to be able to meet the demands made upon her and be a help to mankind.

State registration will bring about a more uniform standard in the teaching and requirements in our training-schools. It will bring them into more harmonious contact with each other. All these advantages will have far-reaching, broadening, and beneficial effects. It will awaken new interests in our women. They will read and study more, and will keep pace with the rapid advancement in the education of nurses, which is increasing each year.

Now, I hope that everyone knows and understands that we do not wish to keep anyone from nursing. A very prominent man said to me he did not know whether he approved of State registration of nurses or not, as he might be sick and might want his wife to nurse him. He did not think we should have a law permitting only trained nurses to care for the sick. Nor do we. Anyone who wishes to do so may nurse, and any person is at perfect liberty to have anyone nurse him whom he may wish. The only thing we ask is that she nurse under her true colors. If she has been in a hospital one or two months, let her say so, but do not let her sail under false colors by wearing a uniform and charging trained nurses' prices.

At one time nurses were regarded with distrust and people had them as necessary evils. At present the public, from the richest to the poorest, appreciate their great worth and deny themselves comforts that they may have their sick well cared for. They are given unbiassed and unquestioning confidence. The true, whole-hearted, unselfish, acceptable

nurse is worthy and deserving of all the confidence that can be bestowed upon her.

Our profession is one which exacts honor and a strict code of ethics. We need to be self-critical, and in this way we will learn what our needs and defects are. One of the most serious faults of human nature is to feel no doubt of one's self-competence.

Weir Mitchell says, "There is a limit to everyone's intellectual or technical attainments, but there is none to one's growth in goodness."

Another famous doctor says: "All physicians, especially the hospital men, appreciate the indispensability of the trained nurse. He never stands in the operating-room without a sense of gratitude and admiration for the splendidly trained women about him. The preëminent position which American surgery occupies in the world to-day is very largely due to the superior intelligence and education of the faithful women who assist in the operating-rooms and wards."

SPECIAL COURSE IN HOSPITAL ECONOMICS—1904-1905

COLUMBIA UNIVERSITY, TEACHERS COLLEGE, NEW YORK

THE course in Hospital Economics has for its purpose the preparation of trained nurses who have the necessary qualifications to be teachers in training-schools for nurses and superintendents of hospitals and training-schools. Its aims are to eventually bring about a uniformity in training-school curricula and methods which shall make the training of a nurse practically the same in every training-school connected with a general hospital in the country.

The American Society of Superintendents of Training-Schools for Nurses is responsible for the development of the course, and in order to secure a carefully selected group of students it has appointed a Board of Examiners of experienced superintendents to receive and to pass upon the names of all candidates for the course. The examiners first consider the qualifications of candidates as practically trained nurses on the basis of their certificates and of statements from the superintendents of the schools from which they have been graduated. In addition, the Board of Examiners requires (*a*) evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college, and (2) in a nurses' training-school—this latter to include anatomy, physiology, materia medica, applied bacteriology, and urinary analysis, together with the general knowledge of practical nursing obtained from a two- or three-year course in a general hospital; and (*b*) that the candidate shall have held some position of responsibility in a

hospital subsequent to her graduation, that she enter Teachers College for the full academic year of about eight months, and that she will before this term spend from three to four months in doing private duty. Then, after this year of extra preparation, having passed satisfactorily the required examinations, she will receive a certificate, signed by the dean of Teachers College, as a qualified teacher for a training-school for nurses.

ADMISSION—GENERAL REGULATIONS.

1. It is desired that all applications be made during the spring and early summer. For application papers for the next term apply to the acting chairman of the Board of Examiners, Miss Anna C. Maxwell, Presbyterian Hospital, New York.

2. Each candidate must present to the college a recommendation for admission from the Board of Examiners certifying to her moral character and her qualifications for undertaking professional work.

3. No candidate can be admitted who is not in good physical condition.

4. Students admitted to any class are held on probation until the end of the first half-year. Any student who fails to pass in at least one-half of her work during this period of probation will be dropped from the roll of the college.

5. Registration begins one week before the opening of the academic year. Students are required to present themselves for registration not later than the Tuesday preceding the opening day, which falls annually on the fourth Wednesday of September. Enrollment at a later date is permitted only to those who obtain the consent of the appropriate committee, good cause for the delay having been shown, and who pay an additional fee of five dollars. The presence of all students is required on the day immediately following the close of all vacations and recesses.

6. All matriculated students in the Hospital Economics Course are under the charge of the standing Committee on Undergraduate Students. At the time of registration each student must file with the registrar a list of studies for the year approved by this committee of the faculty. No change will be permitted in such registered lists except with the consent of the committee, and no credit will be allowed for any course not approved and registered in this manner.

COURSE OF STUDY.

Required (6 points) :

PSYCHOLOGY **A**—Elements of psychology, *and*

EDUCATION **10**—Educational psychology—(together) 3 points.

HOSPITAL ECONOMICS **10**—Methods and practice—1 point.

HOSPITAL ECONOMICS **12**—Hospital and training-school organization and supervision—2 points.

- Elective (9-12 points): The following courses are recommended:
- BIOLOGY AND PHYSICAL EDUCATION 3—Physiology and hygiene—2 points.
 - BIOLOGY 12—Bacteriology—1 point.
 - DOMESTIC SCIENCE 10—Foods—2 points.
 - DOMESTIC SCIENCE 11—Foods, advanced course, dietetics—1 point.
 - DOMESTIC SCIENCE 12—Food production and manufacture—2 points.
 - DOMESTIC SCIENCE 13—Household mechanics and sanitation—2 points.
 - DOMESTIC SCIENCE 14—Household chemistry—3 points.
 - HISTORY 10—Economic and social history of the United States—2 points.
 - PHYSICAL EDUCATION 10—Applied anatomy and physiology—2 points.

The credit given for courses is scheduled in *points*, one point representing one hour of class work per week throughout the year. Two hours of practical work, as in shop, laboratory, or school-room, count as one hour of class work.

Students who can satisfy the requirements in any subject may, with the approval of the dean and the head of department concerned, elect other subjects of equal credit in any department of the college.

Further general information concerning Teachers College is contained in the general "Announcement," a copy of which will be sent on application to the secretary of the college.

SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics 10 and 12, regular courses of the college. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

FEES AND EXPENSES.

The fees of the college are as follows:

<i>For matriculation:</i>	
Required of all students on first entering the university; paid but once. (For <i>late registration</i> , see General Regulations)	\$ 5
<i>For tuition</i> (per annum)	150
<i>Laboratory fees:</i>	
Students who take laboratory courses will be required to pay the special fees for supplies and materials stated in connection with the several courses.	
<i>For use of gymnasium:</i>	
Teachers College gymnasium	5
This fee entitles the student to a physical examination, a locker, and the free use of the gymnasium and the baths, including	

all necessary laundry service. It is required of all students who are not excused because of physical disability.

For examination and graduation:

For examinations at unusual times	5
For any diploma	5

RESIDENCE.

A hall of residence for the women students of Columbia University, known as Whittier Hall, erected by the Morningside Realty Company at an expense of over one million dollars, its administration vested in the dean of Teachers College, adjoins the college on the east. The head of the hall is a woman familiar with the needs of college students; she is aided by a corps of competent assistants, among them a nurse who gives whatever attention is required by residents in case of slight illnesses. The directress of Teachers College also resides in the hall and has a part in directing its social life.

The prices for furnished rooms, including board and laundry, are as follows:

Single rooms	\$280-400
Study and bedroom	420-575
Two rooms and bath	690-800
Two rooms and study	760-835

These rates are for the academic year beginning September 28, 1904, and closing June 14, 1905, and are payable in ten instalments,—viz., three-tenths upon entrance and one-tenth upon the first of each month thereafter until paid. No deduction is made for absence during the year, but in case of withdrawal one-half rates will be charged from the time the key is given up until the room is rented again.

A deposit of ten dollars is required of all applicants, and is retained until the end of the academic year, when it is returned less the amount assessed for any damages to room or furniture.

A descriptive circular with diagrams will be sent to any address on application to the secretary of Whittier Hall, 1230 Amsterdam Avenue, New York City, or to the secretary of Teachers College.

Lists of other boarding and lodging places are on file at the office of the directress of the college, who is prepared to give advice as to desirable accommodations or rooms.

Students' entire expenses have been found to vary from three hundred and seventy-seven dollars to six hundred and sixteen dollars and upward, averaging about five hundred and fifty dollars.

Full circular of the special course will be sent on application to the secretary of the college.

THE TRAINING OF BABIES

BY KATHERINE DEWITT

Graduate Illinois Training-School for Nurses, Chicago

(Concluded from page 591)

TO TRAIN a child to the use of a nursery chair would hardly seem to come within the province of the trained nurse very often, except as the head nurse of a children's ward may labor with her little charges, but I think the obstetrical nurse may often start a baby on the right path, and may inspire the nurse-maid who is to succeed her to keep up the good work if she will only take a little trouble. Mothers of all classes seem to be rather careless in the early teaching of regular and cleanly habits. The little street children who are brought to our hospitals are often wearing diapers at the age of two and even three years, and in the homes of the well-to-do they seldom graduate from them before the age of a year and a half or later. The teaching should begin when a baby is six weeks old, if it is well and strong. Before that age it is better off to be left with as little handling as possible, and its back is too weak for experiments. At six weeks the baby is having only a few movements a day, and one can encourage it to have two regularly at the morning and evening toilet. When the baby is undressed the nurse leaves its shirt, band, and socks on, so that it may not grow cold, and holds it out over a chamber or basin. The attitude suggests what is expected, and the baby is almost sure to expel some gas and to have a small movement. Possibly it will urinate also. If this habit is kept up regularly and persistently, it will gradually learn to have its movements at those times rather than at others. In another week or two it can sit on a small agate-ware chamber, which should be held on the nurse's lap, so that the baby can lean back against her, its knees or feet in her hands. In all such trials the baby must be in a comfortable, unstrained position, or it will cry and no good result will follow.

To teach the baby to urinate in the chamber is not quite so easy, but it is possible if watchfulness and patience are used. Whenever the baby wakes from a nap or comes in from a ride it should immediately be held out, and when it is old enough to be awake much, it can be put on the chamber at regular intervals for trial. It is amazing how soon the baby grasps the idea and waits to be put on, usually making some little signal of warning, which the nurse must watch for and learn to interpret. Often a little, peculiar cry or grunt will announce that it wishes aid.

A Scotch nurse-maid, whom I had left in charge of one of my babies, and whom I had warned to watch for his signal, when he should have evolved one, came to me with great pride, later, to tell me she had discovered that he put both thumbs in his mouth and looked intently at his fingers when he was ready. Children love cleanliness when they are brought up to it, and early learn to wait for help a few moments rather than have the discomfort of a wet diaper. I have known babies who were completely trained at six and seven months, and who wore drawers at ten months or a year. Probably all normal children could have as good records, and how much pleasanter such habits are for all concerned—the baby, the nurse-maid, and all the baby's family. I have heard women groan over the memory of journeys taken with a young child, during which time their state-rooms were festooned with drying diapers, and great numbers had to be carried along to insure comfort. I was much pleased to hear of a journey taken this winter from Chicago to Los Angeles by a mother with two well-trained children. The elder baby, aged eighteen months, has been so long established in her good ways that no one gave her a thought, except when she asked to be taken to the toilet-room. The baby boy of four months was partly trained; his invaluable little chamber was taken along, and only an occasional wet diaper had to be rinsed and dried.

As a child grows older it is more difficult to train it if it has been neglected. I remember my despair in hospital days over children old enough to talk who had no idea of telling of their needs. Rewards and punishments were alike unavailing, they were so unused to self-control. I am sometimes in households where a child of a year or a little over is being taught. After it has learned to have its movement on its chair,—and that lesson usually comes first,—if it is slow about telling when it wishes to urinate, the lesson is sometimes learned more quickly if it is put directly into drawers. A few mishaps occur at first, but the wet drawers are so much more uncomfortable than a wet diaper that the poor baby soon tells for its own greater comfort.

It is often through the ignorance of its care-takers that a child's training is left until so late; its mother does not realize that earlier training is possible, and our duty in this line should include the enlightenment of the baby's guardians as well as care for the baby itself.



SUMMER SESSION OF COLUMBIA UNIVERSITY

THE attention of readers of the JOURNAL is called to the following extracts from the "Announcement of the Summer School of Columbia University" for the present year. Among the many courses offered for the general student, those on domestic science, physical education, and chemistry include subjects of special interest and attraction to nurses, from which we quote some which seem to us the most useful. The course "Chemistry sF" in especial (chemistry of food and nutrition) will be largely devoted to subjects which bear directly on problems which all nurses meet: for example, the nutritive value of typical "prepared" foods; the composition of cow's milk and its modification to any desired percentages, with laboratory analysis of the products, and similar questions.

These courses will undoubtedly be of great interest and profit to nurses who can arrange to attend them this July and August. A full catalogue can be obtained by application to the university.

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK— GENERAL STATEMENT

The fifth Summer Session of Columbia University will open on Wednesday, July 6, 1904, and continue until Wednesday, August 17, inclusive.

Each course will consist of a minimum of thirty lectures or other exercises, or their equivalent in laboratory or field work.

REQUIRED FEES.

1—*Matriculation fee* \$5

This fee must be paid at the opening of the Summer Session.

2—*Tuition fee* (for one, two, or three courses) \$25

Students at the Summer Session are limited to three courses.

COST.

It is believed that the total expense involved in attendance upon the Summer Session, including tuition fee, but excluding railroad fare, may readily be kept below eighty dollars. In no event need it exceed one hundred dollars.

BOARD AND LODGING.

Whittier Hall, a university residence located at 1230 Amsterdam Avenue, between One-Hundred-and-Twentieth and One-Hundred-and-Twenty-first Streets, will be open for the accommodation of the students of the Summer Session.

A special rate of fifty dollars is made for the students of the Summer Session, from dinner on Tuesday, July 5, to breakfast on Thursday, August 18, inclusive. This rate is payable in advance and includes room, board, and laundry (one dozen plain pieces per week).

DEPARTMENT OF DOMESTIC SCIENCE.

s12a—Food production and manufacture. Lectures, reading, and excursions. Professor VULTE.

1.30, Room 401, Teachers College.

This course covers the following special topics: cereals, preparation of meals, flours, and patented products; composition and use of leavening agents; bread, biscuit, and pastry; treatment of vegetables and fruits; jellies and preserves; oils and fatty bodies; water for drinking and detergent use, including mineral waters and non-alcoholic beverages.

This course will be continued in the Summer Session of 1905.

s14a—Food principles. Lectures, reading, and laboratory work. Professor VULTE.

2.30–4.20, Room 401, Teachers College.

This is a course of instruction designed to present a study of the more important food principles, including sugars, starches, proteids, fats, mineral salts, special attention being given to the changes taking place during domestic manipulation and digestion; examination of water for domestic purposes.

Students are recommended to take the lectures in Chemistry sF as supplementary to this course.

Students who have had the equivalent of this course will be given the opportunity to pursue advanced studies in the chemistry of foods and stimulants in the laboratory.

Laboratory fee, five dollars.

This course will be continued in the Summer Session of 1905.

DEPARTMENT OF PHYSICAL EDUCATION.

s3—Personal hygiene and first aid to the injured. Lectures and practical work. Dr. MACCASTLINE.

11.30, gymnasium.

This course considers personal health as a problem in vital economics, the human body as an organic machine, and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health prob-

lems arising from these changes; conditions necessary to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means; methods of first aid to the injured.

s13—Anthropometry, diagnosis, and corrective exercises. Four lectures and two hours of practical work a week. Professor MEYLAN.

8.30, gymnasium.

This course deals with the practical methods of studying the human organism; of determining its conditions and needs, and of applying the various measures indicated for normal development, improvement of health and strength, correction of deformities, prevention and cure of certain forms of disease. The course includes the following: Recording of personal and family history; measuring and testing the body; observation of organic conditions and physical signs; tabulation of statistics; use of graphic methods for representing bodily conditions and changes; individual prescription of exercise and hygienic regimen; corrective exercise for common deformities, such as round shoulders and spinal curvature; adaptation of movements for functional disorders and special nervous conditions. There will be practical work for all students.

DEPARTMENT OF CHEMISTRY.

sF—Chemistry of food and nutrition. Five hours lectures a week with collateral reading, with or without laboratory work. Dr. SHERMAN.

1.30, Room 511, Havemeyer.

This course prerequisites a knowledge of elementary chemistry and includes: The composition of food materials; food analysis and the detection of adulterations; chemistry of the metabolic processes, functions of proteids, fats, and carbohydrates in nutrition; methods and results of digestion and metabolism experiments, including the analysis of physiological products; discussion of the nutritive value of staple and "prepared" foods; modification of cow's milk for infant feeding; metabolism of energy, methods and results of calorimeter experiments; calorific values and mutual replacing powers of the principal nutrients; food requirements under different conditions.

The laboratory work to be taken with this course can be varied, depending on the time and needs of the student, from none to a maximum of thirty hours a week. It may include. The quantitative analysis of food, water, oil, etc.; determinations of the heat of combustion by the bomb calorimeter; experiments in artificial digestion; modification of milk, including the analysis after modification, to compare the actual with the calculated percentages; analysis of physiological products, urine, etc. Any of the analyses included in Course **13** (see announcement of the School of Chemistry) may be made.

CUBA: A SKETCH

BY M. EUGÉNIE HIBBARD

“IN the name of humanity, in the name of civilization, in behalf of the endangered American interests, which give us the right and duty to speak and act, *the war in Cuba must stop.*” In these words President McKinley outlined the necessity for intervention on the Island of Cuba in his message to Congress of April 11, 1898; and the joint resolution of Congress of April 20, 1898, authorizing the President to expel the Spanish forces from Cuba declared “that the United States hereby disclaims any disposition or intention to exercise sovereignty, jurisdiction, or control over said island, except for the pacification thereof, and asserts its determination, when that is accomplished, to leave the government and the control of the island to the people.”

In the incredibly short space of four years all this had been accomplished. The Spanish forces had been withdrawn, the Republic of Cuba was established, and the island was handed over May 20, 1902, to the “government and control” of its own people. The history of nations will relate that when the flag of the new republic asserted itself, it rose from the troubled waters of distress, sickness, and oppression, and was unfurled in the clear, pure atmosphere of health, peace, and freedom, the visible sign of the redemption of a promise made by a nation in a war for humanity, not conquest. Results have proved so satisfactory (so far) that it is difficult to appreciate or realize the amount of work that was absolutely necessary to arrange preliminaries, to establish a form of government suitable for a people who for more than four centuries had been governed by oppression. Laws existed, adequate in the main, but never fairly or honestly administered; treatment was arbitrary and cruel, respecting neither life nor property; strict measures had to be enforced to check the demoralizing effect of ninety years spent in a struggle for independence, and means applied to relieve the conditions resulting—viz., starvation and disease.

This task was a difficult one, apart from the fact that the majority of the people were of the Latin race, with speech, customs, prejudices, and traditions unlike our own. Intensely suspicious, with the suspicion born of oppression and unfilled promises, creating but little faith in the great principles of government essential to the rule of law and maintenance of personal freedom, which now became obligatory for the United States to establish, and in so doing it was necessary to adopt such measures as would conform to existing conditions and even the prejudices of the people.



STREET IN HAVANA, LIGHTS AND SHADOWS OF TROPICAL CUBA

On December 13, 1898, the Division of Cuba was established, with headquarters at Havana. The division was placed under the control of Major-General John R. Brooke, and on January 1, 1899, the sovereignty of Spain was relinquished and the evacuation began, which was completed February 6, 1899, when the last of the Spanish army sailed away from the port of Cienfuegos (one hundred fires).

The bitter feeling that existed between the Spaniards who were left on the island and the Cubans was very apparent, but the removal of Spanish control and substitution of American rule was effected without disorder.

“The world-famous island of Cuba” lies about one hundred and thirty miles south of the United States off the coast of Florida; geographically speaking, she is a very near neighbor. It is the largest of the group of West Indian islands, and is also known as the Queen, Gem, or Pearl of the Antilles. It is in the Torrid Zone, shaped somewhat like a cornucopia, about seven hundred and fifty miles long, nearly the size of the State of Pennsylvania. The population of the island compares with that of the city of Chicago. It was discovered by Cristobal Colon (Christopher Columbus) in 1494, the Genoese navigator, who, under the auspices of Ferdinand and Isabel of Spain, made his first wonderful voyage of discovery in 1492, and claims to be his burial place, though the adjacent island of Santo Domingo, named after Bartholomew, brother of Columbus, avows that its most ancient cathedral, built in the early part of 1500, was the first receptacle of the ashes of the great navigator, who died May 26, 1506. The remains are alleged to have been transferred to Havana, Cuba, in 1795, and more recently from Havana to Spain.

In the city of Havana, facing the Governor's palace, now the residence of the Chief Executive (President Palma), is a small chapel, built of white marble, surrounded by a high iron railing and partially shaded by trees, erected on the spot where, tradition avers, Columbus on landing offered a mass of thanksgiving. This chapel is open to the public one day only during the year, the day being *Viernes Santo* (Good Friday).

Many tribes of peaceful Indians were found on the island by the early explorers, numbering in all perhaps a million people. In the city of Havana may still be found the remains of an old stone wall with enclosures, which is said to have at one time surrounded the city, and was built as a fortification against the Indians. During the first century of Spanish rule these people disappeared, the people in whose conversion Queen Isabel was so interested; others who were imported lived and died only in slavery. Near the town of Matanzas is a beautiful and

fertile valley known as the Yumuri Valley (a corruption of the Spanish *Yo Mori, I die*), so named by the early settlers, it being the place of refuge of the Indians in that section of the country, who, when requested by the Spaniards to leave the valley, gave the short and decisive reply, "We die first." The Yumuri River, the valley itself, and the hills surrounding it, from which an extensive view is obtained, is one of the spots in Cuba to be ever remembered for its natural beauty and tradition.

Following the disappearance of the Indian the importation of negroes from the West Coast of Africa began. The state of slavery continued for many years. The emancipation of slaves was finally secured and the treaty signed by Spain and England in 1835.

The population in 1898 was composed of Spaniards and Cubans, who constituted the white race, the Africans, who formed fully one-third of the population, and the Chinese coolies and laborers from the West Indies, who formed the mixed races. The Africans identified themselves with the Cubans in the war for independence and were a strong factor in the persistence of the struggle.

The Spaniard, señor, don, or grandee, appears as a most imposing person. He was the representative or lieutenant of Madrid, Spain, as none but native-born Spaniards were eligible for office, endowed with extraordinary powers, intent only on the plunder of office, or he was a man of a commercial turn of mind, residing long enough on the island to amass a fortune—an average term of three years accomplishing the purpose—sufficient to repair some ancient alcazar or castle in Spain, or to purchase some desirable estate where he in turn might live a life of imposing grandeur. Being prompted by these motives, or fulfilling his mission of supremacy, he was naturally devoid of sympathy or fine sentiments, a man of adventurous disposition (who with qualifying attributes might be admired), audacious, and tyrannical, dominated by the idea that Spain held the military, religious, and commercial control, and that Cuba was legitimate prey.

The dungeons of the Morro Castles, the dead line at Cubaña, the students' monument in the Cristobal Colon Cemetery, are standing though voiceless monuments of cruelties practised within the memory of the present generation. The childless widows and orphans are the living witnesses. The exception is found in the Spaniards who have elected to remain and share the destiny of the new republic by becoming citizens, men whose characters and business abilities will prove a large factor in raising from the ashes a substantial and we hope an enduring testimony of gratitude to Liberty. The well-known courtesy and unexcelled hospitality of the Spaniard characterizes the señor in Cuba as in Spain.



THE YUMURI RIVER NEAR MATANZAS



GROUP OF NATIVES AT WELL, PINAR DEL RIOS, CUBA

The Cuban, the descendant of the Spaniard, who for generations had lived under the despotic and arbitrary rule exercised over a people in a state of rebellion, imbibed from earliest childhood a spirit of opposition to controlling influences and a detestation of authority. As reasons continually presented themselves for resenting the oppressors' rule, he too counted his life honorably sacrificed if forfeited in fighting for the liberation of his country, "for none hated Spanish rule more intensely than those of Spanish blood born on Cuban soil." The Cuban now forms the largest part of the white population. According to the Constitution of the Republic of Cuba "Africans who may have been slaves in Cuba and those who were emancipated and comprised in Article 13 of the treaty of June 28, 1835, entered into by Spain and England," are entitled to become citizens and compose a large part of the Cuban people of to-day.

The Chinese coolie was and is the market gardener, the fruit-vender, cook, and even housemaid of the people; his labor from preference is that of gardener, and he remains an alien. At the close of the war, greatly to the benefit of all concerned, strangely enough, a steady stream of immigration set in from the North of Spain, composed of the hardy working classes from the agricultural districts, who do not look upon work as a humiliation, of most frugal habits and saving propensities, industrious, patient, and willing, the element so desirable and absolutely necessary where the native population was demoralized by years of industrial inactivity, the uncertainty of the future, and the enervation of mind and body the result of starvation and disease.

Early in the year 1899 the civil government was divided into four departments, those of "State and Government," "Finance," "Justice and Public Instruction," and "Agriculture, Commerce, Industries, and Public Works." These were later increased to six, one of which was the Department of Charities.

The first duty of the Government was the immediate relief of distress, the sanitation of the towns, and the revival of industry. Through the agency of the officers of the army (without reference to the large amount of relief distributed by the Red Cross Society) food was issued at a total cost of one million five hundred thousand dollars. In the two provinces of Matanzas and Santa Clara thirty-six thousand widows and fifty-eight thousand orphans were fed, sheltered, and clothed, medicines were supplied, and the sick attended to. The cities and towns were crowded with refugees and reconcentrados.* The latter were the natives living in the country and in isolated districts, non-combatants who were ordered to the towns and cities and escorted there by the

* A feature of this war enforced by General Weyler.

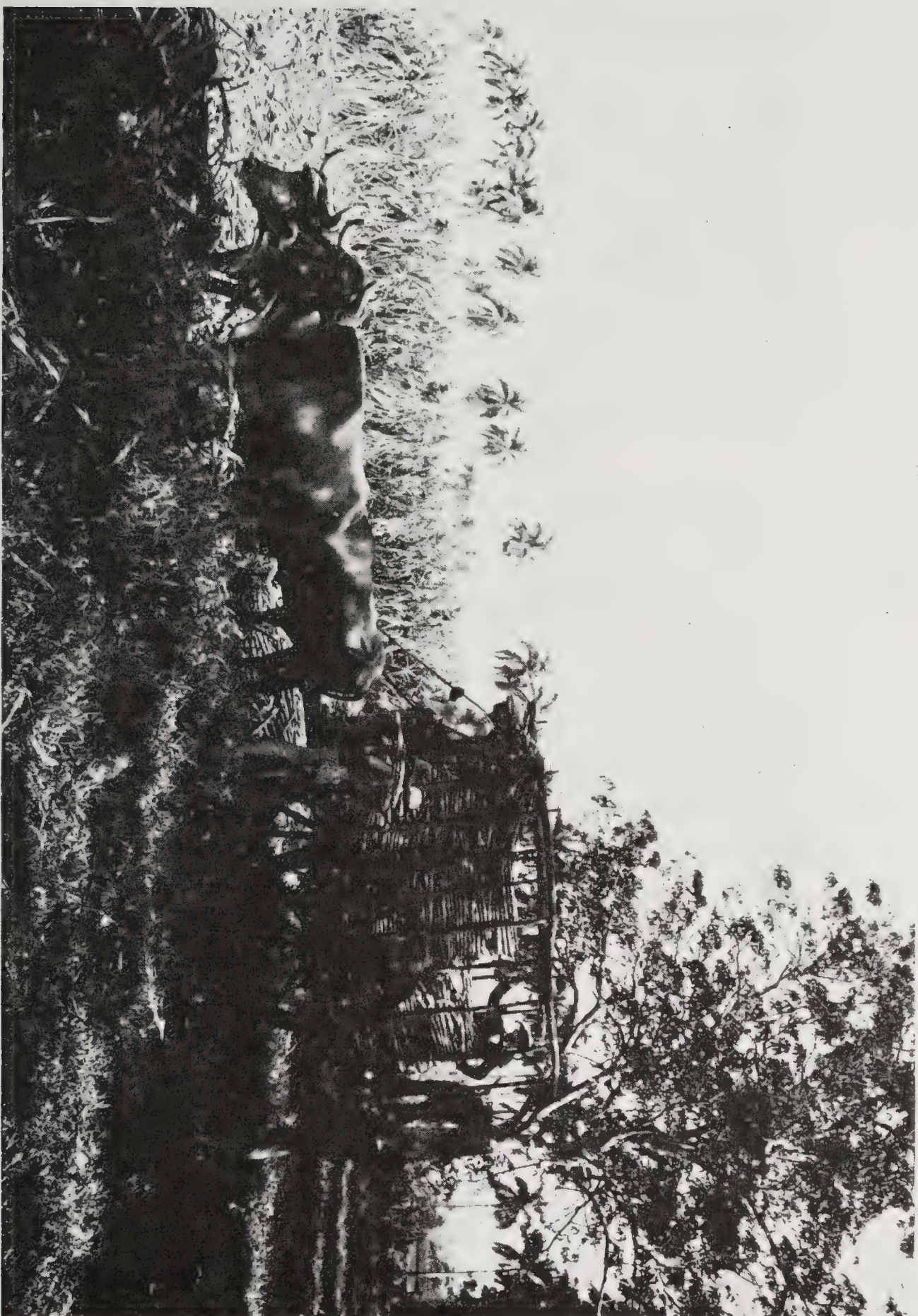
Spanish troops at the point of the bayonet, ostensibly to secure the safety of the women and children and to prevent the harboring of a hostile element. The tales of sadness, re-told many months later, showed but little lessening of the feeling of exasperation caused by the separation, subsequent starvation, and death of families and friends and by the forced abandonment of homes and farms, which had been ruthlessly laid waste. The capacity of the cities was overcharged, and destitutes in a most deplorable state of abjectness were found huddled together in huts, hovels, and underground vaults, the living with the dead, striving to secure protection from the elements, too weak to emerge to seek the food nature demanded. It has been estimated that over four hundred thousand reconcentrados died of starvation before the United States interposed. Havana suffered more than the other cities in Cuba, as it was the principal one. One of its finest streets is now built over a portion of the town on the site of one of the worst catacomb-like places of concealment.

The sanitary—or rather unsanitary—condition of the towns is difficult to conceive. The streets had been the receptacles for all the refuse, garbage, and other filth, it is said, for centuries. In some places it was necessary to dig down several feet to reach the original paving. The modern methods of sanitation were unknown, cesspools long neglected existed, the water supply was inefficient and in many places was the sources of much of the sickness that prevailed, and the air was contaminated by the foul odors arising from the decomposing material lying exposed to the sun and the rain. The birds of carrion, the scavengers of the island, were numerous, and filled the air with the sound of their harsh, repulsive croak. It was interesting to watch the rapid decrease in their number as the country was being rid of the material on which they existed.

The Queen, the Gem, the Pearl of the Antilles, whose shores were laved on every side by the beautiful blue waters of the Caribbean Sea, seemed to implore the cleansing influence of the tide, but which in answer appeared only to mock by creeping its few allotted inches inshore. The tide does not rise more than a foot. The sound of the surf is only heard when the wind is high.

Many deaths occurred during the first few months of 1899, owing to the great number of sick and dying remaining at the time of the Spanish evacuation. "The rate steadily decreased, until in September it was brought down to the annual rate of twenty-seven per thousand, and in October to 26.6 per thousand."

Yellow fever, the scourge of the island, which caused it to be a menace to our southern ports during a greater part of the year,



GATHERING SUGAR-CANE WITH OX-TEAM, CUBA



PRESS AND MILL ON SUGAR PLANTATION

attacking principally those of foreign birth resident but a short time on the island (a peculiar feature is that the natives are immune), was decreasing. The number of deaths from this disease in Havana for the first ten months of the year 1899 was sixty-three, compared to one hundred and thirty-four in 1898.

The industry of Cuba, which is mainly agricultural, had been so long neglected that in order to revive it it was necessary, in restoring the homes and property that had been wilfully destroyed by the Spanish troops,—though it has been asserted that the Cuban attached to his home would from sheer emotion destroy all semblance of comfort or prosperity before leaving it rather than have it fall into the hands of the enemy,—to furnish equipment and to restock the farms. Oxen were purchased, the slow, deliberate movements of the creatures suiting well the requirements for ploughing and heavy hauling purposes, seeds were supplied, and agricultural implements provided.

The sugar plantations were heavily mortgaged, which affected the owners of the large estates, and under the rather uncertain conditions made loans hazardous; thus crippled, the employment of the native, who depended upon the work on the plantations and in the sugar mills for his daily wage, was precarious.

The conduct of the Cubans during the first year of deliverance has been cited as “admirable.” The agitators, who are always in evidence, criticised the action of the United States in assuming control of the country. The official report, however, states, “The substantial body of educated Cubans have shown themselves to be patriotic, appreciative, and helpful, while the great body of uneducated Cubans have been patient and law-abiding.”

In 1900 Brigadier-General Leonard Wood (now Major-General), the commander of the Department of Santiago until December, 1899, became Military Governor of the island.

The census completed this year showed a total population of one million five hundred and seventy-two thousand seven hundred and ninety-seven, of whom thirty-four per cent. could read and write, sixty-six per cent. being illiterate. More than half the population consisted of native-born whites.

The standard of education in the schools had never risen above the primitive method of learning by *roté*, the principal text-book being the catechism, and the girls were taught embroidery. Scholars attended the homes of the teachers, as there were no separate school-houses, and the necessary accessories in the line of maps, black-boards, or other facilities were lacking. The attendance was governed by the ability of the parents of the pupils to contribute a fee; the children of the very poor were

therefore neglected, and during the war the schools were practically closed.

The daughters of the wealthy families attended the convents or were educated abroad, and the sons who intended following a profession or commercial life were educated, according to choice, at Madrid, Paris, Barcelona, or in the United States. These men retained through several years' residence abroad true patriotic instincts, which finally, thus disseminated, attracted the attention of the world in their prolonged endeavors to liberate their country from the oppressors' rule.

Regarding education, steps were immediately taken to remedy the state of affairs, the question being one of general interest. With the assistance of Mr. Alexis Frye, a system of education was inaugurated under the Cuban Secretary of Public Instruction and the Commissioner of Public Schools, American text-books were translated into Spanish, kindergartens were established, Spanish cuartels (barracks), after being thoroughly cleansed and renovated, were utilized as school buildings. A fund provided through the generosity of Harvard University and its friends enabled over one thousand Cuban teachers to attend the summer school at Cambridge, Mass., the United States Government placing five transports at their service to convey them from and back to Cuba.

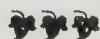
Investigation of the public institutions proved them to be in a most dilapidated and squalid condition. The prisons were found filled to overflowing, "the wretched creatures living in indescribable filth and squalor." The women slept on the floor, and at the time of the official visit were unable to appear in a body, as only one garment was provided, which had to be passed from one to another. Many of those poor creatures had been confined for eleven years, and in some cases without having been convicted of any offence and ignorant of having committed any misdemeanor. On the recommendation of the board five hundred and twenty prisoners were released and action taken to inaugurate a system savoring of civilization. The changes instituted in the courts, etc., soon resulted in many of the prisons being unoccupied. In Matanzas the Cárcel (prison) was metamorphosed and became a high school, with beautiful and commodious rooms, some of which were used as a kindergarten. A radical change was thus effected.

(To be continued.)



BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



A MANUAL OF FEVER NURSING. By Reynold Webb Wilcox, M.A., M.D., LL.D., professor of medicine in the New York Post-Graduate Medical School and Hospital; consulting physician to the Nassau Hospital; visiting physician to St. Mark's Hospital; fellow of the Academy of Medicine; member of the American Therapeutic Society, etc. P. Blakiston & Sons, publishers, Philadelphia.

A year's class teaching in the form of lectures to the nurses of St. Mark's Hospital, New York City, during the season of 1903-1904 makes an admirable addition to the literature on fever nursing. The subject does not allow of very much that is new or original, yet there is every season some degree of change in the treatment, and one needs too to know the practice which is most general, and this we can best learn by observing each different hospital's methods. The "Widal Reaction" seen on all typhoid charts to-day needs to be explained to the nurse who has been away from her hospital and training-school for a few years, especially if she has been nursing in the country. It is small points like this that make it necessary for a nurse to keep constantly reading. The lack of knowing does not prevent her from being a good nurse, but she is mortified to be found ignorant, and it pays to keep well posted.

The first four chapters treat of fever in general. The temperature on all charts throughout the book is given both in Fahrenheit and in Centigrade, and in one of the earlier chapters there is a comparison of the three scales of thermometry—Fahrenheit, Centigrade, and Reaumur—with the rule for changing Fahrenheit reading into Centigrade. The first two chapters make a thorough survey of fever in general, and the third brings us to the treatment which falls mostly into the nurse's hands: the various baths, packs, compresses, enemata; the care of the mouth; relieving of distention from gas in the intestines; the treatment of symptoms referable to the circulatory and respiratory systems, of the urinary system, of the nervous system, and of the organs of special sense.

The feeding in febrile diseases and the diet for the convalescent are appropriately considered, with tempting menus for the latter, and the subject of fever in general winds up in the fourth chapter with rules for disinfecting, the choice and furniture of the patient's room and the care of the same; and under the heading "The Patient," in this chapter, is given some general instruction, and then the following: "Usually the physician will call at the same time each day, and when method is the watchword of the sick-room the nurse will always be prepared for his entrance either at the regular hour or any other. Nothing is more disturbing to the entire scheme of sick-room administration than a visit from the medical attendant when the nurse is unprepared for the event. The nurse should rise at his entrance, if not already standing, and accompany him in his inspection of the apartment and patient. She should maintain a discreet silence, speaking only in response to questions at the close of the visit; if there be any-

thing not down upon the chart which she wishes elucidated, she may make the report or the necessary inquiries. She must note the physician's orders upon a bit of paper; on no account may she trust to her memory," etc., etc. If there exist nurses to whom such instructions are necessary, why do doctors employ them? No nurse would take a second case for a doctor whom she had found it necessary to instruct to remove his hat in the sick-room! Chapter V., the fevers classed as of the continued type; Chapter VI., the same, with local manifestations; Chapters VII. and VIII., intermittent type and the exanthemata, the concluding chapter on thermic fever. The book is of convenient size, interesting enough to keep the night nurse wide awake, and just the thing for one to brush up one's memory with and keep one in touch with the times!

FOOD AND COOKERY FOR THE SICK AND CONVALESCENT. By Fannie Merritt Farmer, principal of Miss Farmer's School of Cookery, and author of "The Boston Cooking-School Cook-Book" and "Chafing-Dish Possibilities." Brown, Little & Co., publishers, Boston.

"Invalid cookery should form the basis of every trained nurse's education."

"A good sick cook will save the digestion half its work."—FLORENCE NIGHT-INGALE.

"The careful preparation of food is now recognized to be of vital importance to an invalid and a valuable assistance, in many cases, to the physician in hastening the recovery of a patient."—HELENA V. SACHSE.

We do not, in this country, begin a nurse's education with class and kitchen teaching in invalid cookery, but no nurse goes out of her training-school in these days without having passed her examination in this, as well as the other branches in which she has been taught. In ordinary cooking we generally find that a cook has to be made as well as born; and this rule holds doubly good in invalid cooking, where the actual value of every ounce of food consumed by a patient must be noted. A good cook always values a good cook-book. Miss Farmer's book has one feature which makes it different from others of its class, in making the recipes for the most part individual, and in many instances adding a note of the caloric value. Some time ago a correspondent wrote the Editor of the JOURNAL asking for the name of some book, not too bulky, and "containing all the diseases, with the proper diet for each, and recipes;" if Miss Farmer's book had been out at that time it would certainly have come nearer to filling the bill than any that were recommended, although it does not profess to meet the requirements of the querist.

Miss Farmer knows her physiology as well as the best nurse of us all, as no one can doubt who reads her book carefully. This is particularly apparent in Chapter I., "Food and its Relation to the Body;" Chapter III., on "Digestion;" Chapter IV., "Food and Health vs. Drugs and Disease," and Chapter XXX., "Diet in Special Diseases." Not that there is any teaching of physiology; on the contrary, it is assumed that the nurse already knows all she should know, and "The nurse should be a student of the classification of foods, their fuel value and digestibility, thus being able to determine and regulate the needed rations for her patients. Chapter II., "Estimates of Food Values," with its table of caloric value of some important foods, is very interesting and very convenient for reference in arranging menus so that money shall be spent for food to the best possible advantage.

There is an especial chapter, XXIX., on "Diabetes," and a list of recipes of

nearly a hundred dishes which may be served to this class of very narrowly restricted patients. Here too we have a list of the diabetic flours commonly in use. Ten are given with the percentage of starch to each, but only one of the ten is recommended as being practically free from starch, "Barker's Gluten," a fact worth remembering. There are general directions for the diet in some special medical cases, some formulæ for increasing the body-weight, and some advice for those who suffer from obesity. The chapters on infant feeding and the feeding of children from infancy up to the fifteenth year are valuable and should have a special word of commendation, especially the table showing increase of calories required for a growing child, with the calories divided showing exactly how much of each class is requisite—viz., proteid, fat, and carbohydrates.

The illustrations are very pretty and dainty, and calculated to provoke the most indifferent to a good appetite, and give many hints for attractive serving. The book is sure to become a very popular one both for teaching and reference.



INFANTILE COLIC.—The *Journal of the American Medical Association* in a synopsis of an article in *Pædiatrics* says: "The dangers of the rubber nipple, especially those with a long tube, are emphasized by McAllister, who would never use any nipple continuously over two weeks. He insists on having two, one being kept in an alkaline cleansing wash while the other is being used. The dangers of too rapid feeding are pointed out, and he remarks on the necessity of careful physical examination as to the cause of the colic. In the treatment too careful circumspection in the use of drugs cannot be practised. Many cases can be permanently relieved by a little manipulation with or without gentle massage of the abdomen. Next to this is warmth applied to the abdomen, dry or moist, or internally in the form of sips of hot water or hot enemata. In spite of all efforts, however, some infants require medication with carminatives. In these cases the standard teas frequently prove too weak. Paregoric with opium excluded is a remedy of considerable value. The dose is easily regulated, beginning with a few drops. He quotes Rotch as advising the use of carminatives between feedings and gives one of his favorite prescriptions. It consists of forty grains of sodium bicarbonate, forty minims of aromatic spirits of ammonia, thirty minims of glycerin, and two ounces of peppermint-water. One teaspoonful to be given between feedings. When acidity is not an element requiring special treatment, asafoetida is frequently of value. The use of narcotics is only exceptionally permissible."

THE KOPLIK SPOTS.—The *New York and Philadelphia Medical Journal* in a synopsis of an article in a German contemporary says: "Ruedel confirms the diagnostic value of the Koplik spots as an early sign of measles. He had occasion to observe an epidemic; in the majority of the cases the exanthem appeared upon the inside of the cheek and upon the soft palate for some days before the appearance of the cutaneous eruption. In cases of rubeola no mucous eruption was observed, while in scarlet-fever patients such an eruption was noticed without the characteristic whitish spots, and consisting of many minute red dots, the edges of which were scarcely distinguishable from the surrounding mucosa."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE SITZ BATH.—A. Zimmorn has a paper in the *Presse Medicale* on the value of the sitz bath, which he highly recommends. He says the effect depends on the temperature at which it is given and the length of time it is continued. The tepid bath is an excellent general sedative. The cold may be used for the relief of constipation, neurasthenia, and incontinence of urine among other conditions, in chronic inflammation of the uterus and its appendages, and in insomnia. If it is prolonged, it is of use in chronic diarrhœa, leucorrhœa, and hæmorrhoids. The hot sitz bath is an emmenagogue and relieves painful menstruation. The water should reach the navel as the patient sits in the bath, and the body should be covered and the feet protected.

SERUM TREATMENT OF SMALLPOX.—Alfred C. Smith reports in the *Medical Record* the treatment of six cases of smallpox with antistreptococcic serum. He claims that it shortened the duration of the disease, the secondary fever was absent, no pus formed, so there was none to be absorbed, pitting was prevented, there was less suffering and weakness, less danger of the lungs and kidneys being involved, and more rapid convalescence.

SEA VOYAGES.—The *New York and Philadelphia Medical Journal* quoting from the *British Medical Journal* says: "Westcott states that as a tonic, a restorative, and a sedative for brain-fagged people a sea-voyage may do wonders. For consumptives in whom the lesion is slight or latent, a voyage to South Africa is often excellent, but not for those in whom the disease is active. Cases of nervous disease, angina pectoris, exophthalmic goitre, or chronic bronchitis should never be sent to sea. For sea-sickness he advises that the patient be brought under treatment several days before sailing, attending to the action of the bowels, remedying any dyspeptic conditions, and administering sedatives, such as ammonium bromide. Hypnotic suggestion is often of great value."

EARLY DIAGNOSIS OF TUBERCULOSIS.—James J. Walsh in a paper in the *Medical News* states that as tuberculosis in its early stages is easily curable, an early diagnosis is most important. In the late stages it is almost beyond medical control, so that its immediate recognition is imperative in the interest of the patient. He suggests as means to a positive diagnosis the observation of the following symptoms: Rapid pulse, a daily variation of temperature of over 1.5° F., persistent cough, loss of flesh, and localized areas in the lungs when prolonged, slightly roughened expiration can be detected. More definite symptoms can only be observed when the disease is in the well-advanced stages.

NORMAL LABOR.—A. M. Pond in an article in the *Medical News* gives some good advice to doctors which is equally useful for nurses: "1. Success in

obstetrics depends wholly upon your ability to secure and retain surgical cleanliness. 2. The same infective agents encountered in surgical practice are the causative agents in producing puerperal complications, and are only successfully combated by the employment of stringent aseptic and antiseptic technics. 3. Refrain from making numerous vaginal examinations, and when done, take great aseptic care. 4. Do not wait until you are called to the case to make the preparations for confinement. 5. The practice of carrying a confinement pad is dangerous. 6. Sunshine in itself is a valuable germicide; do not exclude it. 7. Unless the vaginal discharge is known to contain pyogenic bacteria the douche is contraindicated. 8. Exert the same surgical technics in dressing the umbilicus that would be demanded in any other fresh wound. 9. Be clean and be sure that you are clean; take no chances. By so doing you will reap a liberal temporal reward, besides having the serene satisfaction if knowing that you are serving humanity faithfully and well."

"CORSET CANCER."—The *New York and Philadelphia Medical Journal* in a synopsis of a paper in the *Lancet* says: "Lucas calls attention to a mode of onset of cancer of the breast which he calls 'corset cancer.' The site where this carcinoma attacks the skin and cellular tissue is over an upper and outer radiant from the nipple corresponding exactly to the point where the upper edge of a corset crosses the pectoralis muscle. It occurred on the right side in the three cases seen by the author, probably due to an undue use of the right arm, the friction of the corset at this spot being the cause of the cancerous process."

PREVENTION OF BLINDNESS AT BIRTH.—The *Boston Medical and Surgical Journal* says: "The Massachusetts Association for Promoting the Interests of the Adult Blind has published a leaflet on the prevention of blindness at birth, giving directions for treatment which may be carried out by the laity. The leaflet calls attention to the fact that inflammation of the eyes in new-born infants is a contagious disease which must be treated early and vigorously under a doctor's direction, and the statement is made that in England about thirty per cent. of pupils in the schools for the blind lost their sight through neglect or wrong treatment of the disease."

CHLOROFORM ANÆSTHESIA.—Emil King in reporting in *American Medicine* two cases of recovery after apparent death in chloroform anæsthesia draws the following conclusions: 1. Deep anæsthesia is always a condition of danger. Therefore every precaution must be taken to guard against danger. 2. When serious accident occurs we must have ready a well-matured plan of treatment which meets the indication in the best possible manner. 3. Death usually resulting from failure of the vital centres, the first indication is their stimulation. Artificial respiration, tongue traction, and heart compression should be first tried. The application of cold, ether being poured on the abdomen according to Hare, inversion, suspension and succussion, dilatation of the sphincter ani, and electricity are worthy of trial if the others fail. 4. Hypodermic injections during the stage of collapse are a waste of time. The arterial pressure being nil, there can be no effect from medication unless the injection be into the heart. They may do much good before cardiac arrest or after the contractions are resumed, and then the remedies of value are limited to a few. 5. Injections

of ether and alcohol in any form are apt to be harmful. Their effect in overdose is so similar to chloroform in their action on the vital centres that we only add to the danger by their use. 6. Mechanical efforts at resuscitation must not be so rough that internal organs are injured. That this is possible is proved by reported cases where the liver was torn, blood found in the pleura, and the tongue wounded. 7. Since we cannot know when the molecular changes separating true from seeming death take place, our efforts at resuscitation should continue for at least one hour.

A NEW TREATMENT FOR THE MORPHINE HABIT.—Dr. William S. Birge has an interesting paper on this subject in the *Boston Medical and Surgical Journal*. The treatment he advocates has been successfully used at a private institution in one of the Southern States and must, of course, be carried out under the supervision of a physician. A patient who was taking twenty grains of morphine and five grains of cocaine daily was cured in one week without suffering. A dose of ten grains of calomel is given at bedtime, followed in the morning by a full dose of epsom salts. If the bowels are not thoroughly moved, five grains of calomel are given the second night and the dose of salts repeated. A Turkish bath is given every second day during this preparatory treatment. The morphine is not discontinued until the active treatment begins, which lasts for seventy-two hours. The usual dose is taken until noon of that day, when it is discontinued permanently. At two o'clock five drops of a specially prepared solution of mandragorin are given hypodermically with one-eighth of a grain of pilocarpine. This dose is repeated every two hours. If discomfort is felt from lack of the morphine, the dose of mandragorin is increased to fifteen or twenty drops until comfort ensues. After the patient perspires freely only enough pilocarpine is given to keep the skin moist. Usually as long as the patient perspires he is perfectly comfortable. One-twentieth grain of strychnine and one-eighth grain of sparteine are added to the hypodermic during the second day if the heart shows any sign of weakness. Half a grain of codeine or one-fourth grain of morphine may be given if there is extreme restlessness. At the end of forty-eight hours the antidotal and eliminative effect of the remedies are usually complete and there is not a vestige of morphine left in the system. Light food should be given at regular intervals. After the active treatment is over hot and cold shower-baths are given, strychnia and sparteine are used for three or four days, and a nerve tonic and sedative for several weeks. The treatment should be carried out in a hospital or sanatorium.

CHRONIC TONSILLITIS.—G. D. Murray in the *Laryngoscope* lays stress on the following points: The teeth should receive attention from infancy, also that the tongue when coated should be cleaned as carefully as the teeth. The mouth is a primary cause of tonsillitis and ought to receive simultaneous treatment with the throat. Offensive breath, from micro-organisms present in the mouth and throat, *can be eliminated* through the personal effort of the patient. Bad taste in the mouth, particularly before meals, suggests infection of the tonsils, decomposing epithelium debris on the tongue, gums, teeth, and oropharynx—one or all. This filth (in which Sternberg found forty-two different varieties of micro-organism) ought to be cleaned and sterilized several times daily by the patient. Diseased tonsils, not necessarily enlarged, and often hidden, no longer act as a barrier to disease, but rather as a germ incubator and ought to be removed.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

MRS. MOUNSEY, a Toronto General graduate who recently took charge of the Swan River Hospital, Northwest Territory, writes thus of the opening of the hospital:

"The Ladies' Aid Society asked all invited guests to bring with them non-perishable provisions to the value of twenty-five cents each. Next day the hospital reminded one of a well-stocked meat market and grocery combined. We felt quite satisfied that some time would elapse before we were reduced to starvation. The reception, or 'at home,' was conducted in the usual way, Miss Fyfe and myself remaining with the president at the door to be introduced to the guests. Many of the country people brought their babies and spent the day with us, and although the day was very stormy, a large number came. The hospital is prettily situated on a high bank overlooking the Swan River. The older residents anticipate very high water this year on account of the unusual amount of snow and ice. The mud is of the black, sticky kind, and takes a long time to dry. We can accommodate ten patients and expect before long to have everything complete and a pretty home as well as hospital."

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

MRS. MAUDE M. JACKSON, for the Iroquois Memorial Association, has begun the organization of children's clubs which will gather funds for the proposed emergency hospital in the downtown district. Already two clubs have been formed. Mrs. Jackson has an office at 900 Calumet Building, 188 LaSalle Street, Chicago, Ill.

AN entertainment was given in Arion Hall, Rockaway Beach, L. I., for the benefit of the fund to establish an emergency hospital. A fairy play, "Snow White," a dramatization of the German fairy tale, "Schneewichen," written expressly for the occasion, was presented by seventy-five children.

THE Delaware and Hudson Railroad Company has contributed two thousand five hundred dollars to the fund for the erection of a hospital at Plattsburg, N. Y. This is to be used to endow a bed to be known as the Delaware and Hudson bed. The institution will be known as the Plattsburg City Hospital.

TRAINING-SCHOOL NOTES

AT the urgent request of the Maryland Commission for the State Exhibit at the St. Louis Exposition the Johns Hopkins Hospital Training-School has undertaken to prepare and send an exhibit showing something of the work of the Training-School. Owing to the late hour at which the work was undertaken, and the great amount of work involved in getting up such an exhibit, it will not be possible to present everything in the most complete and desirable manner, and allowances must be made for the finish and detail of work put through in

great haste in a few weeks which really requires the careful, elaborate effort and thought of months.

Space has been allotted in the Educational Building, and stress is laid upon those features which show methods of training and instruction.

The exhibit comprises series of photographs taken in various parts of the hospital, showing the several classes engaged in bandaging, in dissecting and using the microscope, in the study of anatomy and physiology, in the study and analysis of specimens in the clinical laboratory, in demonstrations of methods of practical nursing, in preparation of drugs in the pharmacy, and in the preparation of broths, desserts, modified milk, etc., in the diet kitchens.

There are also full-size models of nursing appliances, such as nightingales, extension stockings and binders, framed, together with photographs of the same articles in use by patients in the wards, and in several instances a corresponding stocking or binder of diminutive size is to be seen applied to a small model, giving a clearer idea of its details than might otherwise be obtained.

Miniature models of a croup tent, sweat-bath, inhalation tent, back-rest, typhoid and continuous baths, are set up as though in operation, demonstrating the methods here employed for such forms of nursing.

A small corner given over to tuberculous nursing shows the equipment of the visiting nurse of the Johns Hopkins tuberculosis clinic, with basket, charts, records, and reports, and it also shows a tent suitable for the out-of-door treatment of these patients containing the necessary furniture and a small model properly attired to benefit by this treatment. Specimens of other charts, temperature sheets, bedside records, and the several baskets in use throughout the wards for making dressings and holding necessary toilet articles, as well as the baskets carried by the visiting orthopædic and outside obstetrical nurses, are demonstrated with the full complement of appliances.

A miniature operating-room contains a patient prepared for operation, with all the tables and dressings in readiness, from the solutions for cleaning up the doctor's hands, through the various stages to an infusion apparatus ready for use. Samples of the dressings used in the operating-rooms and wards are done up in packages of the usual size and are arranged adjacent to the operating-room.

From these demonstrations, together with numerous views of the hospital and interiors of the store-rooms, laboratories, students' sleeping-apartments, lecture- and class-rooms, it is hoped that a fair idea of the opportunities offered for nurses' instruction as well as some of the results of this training may be gained.

THE graduating exercises of the St. Camillus Training-School, Kalamazoo, Mich., under the charge of the Sisters of St. Joseph, were held April 20. The following is an extract from an essay read by one of the graduating class, entitled "All Attainments are the Result of Effort:"

"Nursing is an art, requiring as earnest preparation as that of any sculptor or painter, for what is the having to do with canvas or marble compared with the living body, the temple of God?

"A nurse must have higher motives and higher ideas; she must concentrate her thoughts upon the thing she is doing. It does not do to be absent-minded, we must be exact and thorough, there must be no if's. Frequently we have only one chance, and there must be absolutely no mistake. Faithful, conscientious, intelligent work alone will bring us success. The secret of ultimate success lies not only in our skill, but in our faithful application to duty.

"Tact is one of the rarest gifts of God, and is very important to the nurse; it is that which helps to meet emergencies, to soothe the sick, to calm the anxious and alarmed friends, who are often more difficult to manage than the patient. A nurse cannot too soon convince herself that she must have all her faculties under perfect control, and must possess in an eminent degree that calm dignity so essential. The nurse must remember that she is the connecting-link between the physician and the patient, responsible to the one and for the other.

"Nursing trains the eye and the hand and, we may say, the heart also, for who could be brought in contact with suffering creatures without that divine precept entering the heart, 'Love one another'? The nurse is called to minister to all sorts of characters, refined, rough, capricious, ungrateful, good and bad, and must see in all God's image. For the time being she must make herself the guardian and friend of each, never losing sight of her responsibility of doing good. She must preserve serenity of countenance, sweetness of manners and voice, which are sunshine in a sick-room. She must guard against discouragement in painful circumstances. The charity which animates her must emanate from the heart of God. Like our Divine Lord, she goes about doing good to suffering humanity, as a cup of cold water given in God's name is not to go unrewarded. What a glorious testimony will her life's labor call forth on the day of eternal reward if she is true to her calling! therefore she must love her neighbor in and for God. This should be the keynote of duty for her. Small acts of thoughtful kindness often bring sweet recompense of gratitude. A nurse should be a quick observer and of a sympathetic yet not too susceptible nature. It is a noble career, but hardships must be endured and obstacles overcome. There is no work in which faithfulness in little things has larger results than in nursing. May our pilgrimage here be a symphony, whose harmonies, while blessing our life on this earth, will surge onward and ring out yet clearer and more beautiful unto the life eternal. May our good Lord help us realize our highest aims, and may He give us abundantly of His graces, that we may do His work while we live, and be greeted when our labor is over with the words, 'Well done, good and faithful servant, enter into eternal joy.'"

ST. LUKE'S HOSPITAL of Jacksonville, Fla., graduated a class of five nurses May 4, the occasion being the first public exercises of the kind held since the Training-School was organized in 1893. The superintendent, Miss Fetting, gave an address, in which the following remarks to the public show that the school is working towards the best professional standards:

"It is not necessary to dwell upon those who have deserted the ranks or those who lacked the requisites of a good nurse. But I cannot refrain from sounding a warning note to the public. When employing a graduate nurse, a stranger to you and your physician, require her to show her diploma. And we would caution the public against receiving women who profess to have left the school. 'Leaving' implies that they have been found unfit at the close of the two months of probation, or that they have broken their contract to remain in the school for the course of training, or that they have been dismissed for inefficiency or misconduct. If for any reason a pupil leaves the school with the approbation of the committee, she will, if she wishes it, receive a written discharge. This is to you and to us a very serious matter, and proper precautions should be taken to protect the public, our hospital, and graduates from other schools."

The graduating class consisted of five young ladies: Miss Beatrice Daniel,

Misses Eulalie Henry and Olive Kea Henry, Miss Hermina Johnson, and Miss Isadora M. Roof. As Miss Roof had been called home by illness in the family, and could not be present at the exercises, a pupil nurse acted as her proxy.

THE graduating exercises of the Training-School of the Presbyterian Hospital in Philadelphia were held on Tuesday, May 3, at eight o'clock P.M., in the Princeton Presbyterian Church. Rev. J. Addison Henry, D.D., and Dr. William E. Hughes addressed the graduating class. Rev. Charles A. Dickey, D.D., presented the diplomas and badges to the members of the class. Miss M. Katherine Thatcher was awarded the Jessie Miller Ward prize for the highest average of marks. A reception, which was largely attended, was held in the Nurses' Home after the exercises. The graduates were Miss Anna E. Abele, Mrs. Maude G. Barnes, Miss Mary B. Beattie, Miss M. Louise Beaty, Miss Beatrice Blackstock, Miss Agnes C. Browne, Miss Mary B. Cameron, Miss Mildred Clark, Miss Beatrice E. Connely, Miss Ethel Fisher, Miss D. Elizabeth Johnson, Miss Willow Jordan, Miss Mabel A. Metzler, Miss Sophia D. Roess, Miss Julia F. Sharpless, Miss M. Katherine Thatcher, Miss Myrtle M. Weaver, and Miss Mary N. Wenger.

THE graduating exercises of the German Hospital, Brooklyn, N. Y., were held May 12, 1904. Thirteen young women received diplomas. A very interesting musical programme was one of the special features of the evening. Addresses were made by President Heitman, of the German Hospital Association, and Rev. Dr. Jacob Loch. Dr. J. H. Droge, chairman of the Executive Committee, delivered the address to the graduating class in a most able manner. Vice-President Francis A. Deck presented the diplomas and medals to the graduates. A reception followed the exercises. In the afternoon the class were given an automobile ride around the city through Prospect Park. The Alumnae Association of the hospital served a dainty luncheon in the Nurses' Home.

THE graduating exercises of the Farrand Training-School in connection with Harper Hospital, Detroit, Mich., were held on the evening of April 28 in the new clinic amphitheatre, which is part of the magnificent operating building just erected in memory of the late S. M. Cutcheon. The principal feature of the evening was the "Practical Demonstration in Nursing" by the graduating class. Interesting addresses were given by Dr. F. W. Manns and Mr. J. L. Hudson, president of the Board of Trustees, who also presented diplomas to the graduating class, numbering twenty-six. Dr. J. H. Carstens, chief of the visiting staff, presented the badges, after which an informal reception was held at the Swain Home for the nurses and their friends.

MISS SNIVELY was the recipient of the following letter on April 26:

"DEAR MISS SNIVELY: The Training-School Committee of the Lakeside Hospital, Cleveland, have instructed me to cordially invite you to give the graduating address to the Class of 1904. The exercises takes place on May 17. Personally allow me to urge you to come. Both Mrs. Robb and I are anxious to see members of our own profession take their rightful place before the nursing public. Please do come.
"E. MAUD ELLIS."

Miss Snively has accepted this invitation.

THE Presbyterian Hospital, New York, graduated the following nurses on May 12: Sara Belle Mounce, Catherine Munro Forrest, Mary Wood Guion, Augusta Hobart English, Sylvia Hartstene Davis, Marion Elisabeth Hesseltine,

Ethel Maria Darling, Alice Shove Wood, Margaret Alien Cruise, Jean Cleland, Edith Virginia Gardiner, Margaret Elisa Baker, Julia Carolyn Hicks, Anna Oleonda Becker, Ethel Irene Fuller, Jessie May Welch, Mary Maude Tennant, and Katherine Clarke Mooney.

THE South Side Hospital, of Pittsburg, Pa., held graduating exercises on May 19 with an interesting programme. The following young ladies received diplomas: Miss Mary Ellen Haslett, Oil City, Pa.; Miss Mary Leola McNeese, Euclid, Pa.; Miss Laura Helena O'Connor, Guelph, Canada; Miss Margaret Edna Camblin, New Castle, Pa.

NOTICE TO APPLICANTS FOR ADMISSION TO TEACHERS COLLEGE COURSE IN HOSPITAL ECONOMICS.—Miss Anna C. Maxwell has kindly consented to act as chairman during Miss Banfield's absence abroad. Applications should therefore be made to her at the Presbyterian Hospital, New York City, for all information and application blanks.

THE Training-School of the McKeesport Hospital, Pa., graduated a class of five nurses on May 10, Miss Nora Leone Jones, Miss Marie Faust Watson, Miss Anna Caldwell, Miss Julia Charlotte Jonason, and Miss Caroline Pamela Ricketson.

PERSONAL

THE Associated Nurses of St. Louis have secured headquarters in the Fraternity Building, World's Fair Grounds, where visiting nurses may register and receive a pass which will entitle them to the privileges of the building. A nurse will be in charge to welcome and give any information necessary to those of the profession visiting the Fair. Nurses so desiring may have their mail addressed to the "Nurses' Headquarters, Fraternity Building, World's Fair Grounds, St. Louis, Mo." The association is looking forward with pleasure to meeting many visiting nurses, and hope none will fail to seek the rest of a quiet hour at the headquarters when tired with sight-seeing on the Fair Grounds.

MRS. MARIAN D. LINGENFELTER has resigned as superintendent of the Amsterdam General Hospital, Amsterdam, N. Y., and will take a long rest at her home in Auburn, N. Y. Mrs. Lingenfelter has been in charge of this hospital for twelve years. She has been an active member and an officer in the State Nurses' Association, advocating high standards in the training of nurses. Much regret is expressed by the public in Amsterdam at her resignation.

MISS JULIA M. LEACH has been appointed superintendent of the Salem Hospital, Salem, Mass. Miss Leach graduated from the Salem Hospital Training-School, Class of 1898. She is a member of the Spanish-American War Nurses' Association, and served at Camp Wickoff, Montauk Point, thence to Josiah Simpson Hospital, Fortress Monroe, Va., and was discharged from the government service May 5, 1899.

MISS LOUISE KRAUSS, superintendent of the Lutheran Hospital at 2646 Potomac Street, St. Louis, Mo., has been appointed superintendent of nurses at the World's Fair Emergency Hospital under Dr. Laidley. There were many applicants for the position, among them being one from London, England. Miss Krauss is planning to study medicine at the University of Michigan after the Fair.

A PARTY of trained nurses under the leadership of Countess Bavada, who is an American by birth, a native of New Orleans, but has lived many years in Russia, are on their way to Port Arthur to tender their services to the Russian Red Cross. The six young women accompanying her are from New York, Boston, and Pittsburg.

MR. AND MRS. SAMUEL BLAKE, of London, England, spent a short time in Philadelphia recently. Mrs. Blake was Miss Florence Cameron, a graduate of the Pennsylvania Hospital in 1900. Miss Cameron was one of the nurses who went to South Africa during the Boer War.

MISS LOUISE HUSBAND has been appointed head nurse of the Eye Department, General Hospital, Toronto, and Miss Clara Brown as head nurse of the private wards in the same institution. These nurses are both graduates of the Toronto School, Class of 1903.

MISS EMILY CHILMAN, lady superintendent of the General Hospital, Stratford, Ont., sailed for England and the Continent on April 21. She will be abroad three months, and expects to be present at the conference in Berlin in June.

MISS LISABEL ISAACS, Toronto Hospital School for Nurses, Class of 1891, has been appointed superintendent of night nurses in the new St. Luke's Hospital, St. Louis, Mo. Miss Isaacs entered upon her duties May 1.

MISS IDA R. PALMER has resigned as superintendent of the Training-School at Parks Hospital, Glens Falls, N. Y., and will remain with her sister in Rochester during the coming year.

MISS A. D. VAN KIRK has succeeded Miss Sutcliffe as superintendent of nurses at the Long Island College Hospital in Brooklyn, N. Y., with Miss Anderson as her assistant.

MISS ANNA BOLTZ, a graduate of the Pennsylvania Hospital in 1902, has left for Bar Harbor to take a position in the hospital there.

MISS ELISABETH M. EVANS and patient, of Baltimore, Md., sail June 16 for an extended tour in Europe.



ANÆMIA IN CHILDREN.—Among other causes of anæmia G. Carrière mentions overfeeding. An excess of alimentation causes gastric stasis and intestinal auto-intoxication, and resorption of the intestinal poisons destroys the red globules and causes anæmia. The author has observed three cases in which overfed children were restored to health simply by moderating their diet without any other treatment. Anæmia in children may also be caused by chilling, which is not surprising, as the writer has proved by experimentation that cold induces a marked destruction of red corpuscles. Overtaxing the physical or mental strength is another frequent cause of anæmia. The author recommends the usual hygienic measures, and in the way of medication praises the cacodylate of sodium. It is best to use it for a while, beginning with three-drop doses twice a day and increasing a drop at a dose until ten drops are taken twice daily. This may be kept up for eight days, diminished drop by drop until the primary dosage is reached, and a rest of ten days is then taken. Iron treatment may be instituted later.—*Le Nord Médical*.

THE GUILD OF ST. BARNABAS

IN CHARGE OF
S. M. DURAND
Public Library, Boston



ORANGE, N. J.—April has been a somewhat busy month with us. To begin at the end of things and go backward, the regular service and meeting was held on the 28th at the Church of the Holy Communion, South Orange. A special call had been made for a good attendance, but, unfortunately, it poured rain, which prevented many from being present. By previous arrangements we had the pleasure of greeting Dr. Scudder, from Brooklyn, who came, as he expressed it, to “soak in” information about the scheme which had been under discussion at the General Council. We feared that the inhospitable rain was the most thorough soaking he was likely to obtain, as we assembled rather for further discussion of the “Relief” scheme, than to give any more detailed plan of execution. We feel very keenly that some well-defined plan should be afoot for the relief of the nurse when she falls on evil days, but time and much thought will be consumed before the venture can be made, assured though we are that it is a thing that will surely be accomplished. The ladies of the church gave a pleasant reception at the close of the meeting and we wished the time had been twice as long. On Saturday, April 16, Mr. Ronald Grant gave an organ recital at Grace Church, his selections being greatly enjoyed by all who were able to be present. The sewing meeting held at the Training-School on April 14 was noted as having been the best attended of any in the series and much work was accomplished. April 7 will be remembered as the date of a delightful reception given by Mrs. William H. Williams at her residence, 308 Essex Avenue. Several of the associates received with her, and a large number of nurses availed themselves of the hours from four to six to enjoy her hospitality and the pleasure of meeting one another, which, indeed, is not the least attractive part of these social gatherings.

BOSTON.—The April meeting of the Boston Branch was held at St. Andrew's Church on the evening of the 27th. Owing to the inclemency of the weather the attendance was not large, but the occasion was very cheerful and pleasant, and all were glad to welcome Miss Murray and hear of her mission work at White Rocks. It has already been related in former notes how Indian babies are rescued from being buried with their mothers, and Miss Murray brought with her on her trip East one of these sturdy survivors, who will awaken interest in all who see him. The resignations of three associates were regretfully accepted. Mr. Kidner, the rector of St. Andrews, presided in Mr. Bishop's absence. The present week, and, indeed, this whole month, is full of festivals, as the “great forty days” ends with Ascension Day, falling this year on May 12, and the feasts of Whitsunday and Trinity Sunday also occur in May. It may interest some of the nurses in Boston to hear about the Patronal Festival of St. John the Evangelist, which is this week being celebrated at St. John's, Bowdoin Street. There are a

good many nurses in this congregation, and we hope many of them were present last Sunday. After the procession and singing of the hymn, "Glorious City, Heavenly Salem," the rector, Father Osborne, preached on the life of St. John the Evangelist, saying that the main lesson to be drawn from the heroic labors of this "beloved apostle" was that through sacrifice he attained to the Beatific Vision. This sacrifice was not a grudging one, but was entered into and carried on in such a perfect union with his Master that it seemed the most simple and natural thing to do. St. John did not, even in the beginning, question and worry, nor did he ask to see the whole of his task, or even the end of it. Before he was called to be one of the twelve he did what his father had brought him up to do,—that is, he followed the simple calling of a fisherman,—and when the Master's voice bade him "Follow me," he still obeyed that higher call, going on "from strength to strength" with the same unquestioning faith and obedience. In his persecutions, his trial of expected martyrdom, his exile in Patmos, and, finally, in his long and lonely bishopric at Ephesus, where he was kept on earth so many years after his beloved fellow-apostles had gone before, the spirit of loving submission was still the same. To enter into and understand this spirit is the Christian's surest safeguard in trial and temptation. In the world we must have tribulation, we all know this, but to taste the sweetness of sacrifice is only given to those who, like the beloved John, simply, day by day, follow the Higher Will, which leads them, slowly, painfully perhaps, but surely and safely, to the attainment of their highest hopes and dearest aspirations. These lessons are those that come home to us all the more nearly when we think of our own festival of St. Barnabas, with its message of loving service, and we hope that we may keep it in joy and gladness, feeling the greatness of our gift of mercy—that quality which is "twice blest," as "blessing him that gives and him that takes."

BROOKLYN.—At the March meeting of the Brooklyn Branch of the Guild of St. Barnabas the topic of discussion was that of the missionary nurse. After considering the question carefully, it was decided to present it again at the next meeting in order to learn the mind of the majority, the resolution passed at the council in Hartford having been read by the chaplain. Another topic of interest was some means of increasing the building fund. Miss Sutcliffe, who for eighteen years has filled the office of superintendent of the Long Island College Hospital, will retire on May 1 and take up her residence in South Norwalk, Conn. Three of the nurses, who have filled the term of twenty-one, twelve, and nine years respectively, have also resigned their positions, and two of them have opened a nurses' house a short distance from the hospital. One of the members present gave an interesting account of her three months of duty at Butler, Pa., during the typhoid epidemic. She said one could not speak too highly of the chairman of the committee, Mr. J. N. Moore, a lawyer, who gave up his business and worked day and night for the public good; he showed a wonderful talent for remembering the minutest details, and could call each member by name, and made it his duty to provide for the special necessities of each one, carefully picking up the threads and converting the whole into a magnificent piece of work. The nurses were given comfortable, clean beds in a large dormitory, and meals were provided three times a day by the ladies of the Second Presbyterian Church; night suppers were also provided upon application of those requiring the same, and free transportation over the Baltimore and Ohio Railroad to their homes.

It was not only the nurses who were so well cared for, but the people at large, rich and poor alike. The nurses in many instances remained on duty for forty-eight hours. The work was not confined to the epidemic alone, but various diseases developing in the same family were treated in like manner, as well as the complications arising. One instance cited was that of a consumptive man, whose whole household were attacked with typhoid. The Relief Committee took charge, paying all expenses, even to that of providing a servant. One member died, but the man survived. Food, bedding, clothing, delicacies, and even presents for families were paid for by the same. One case was reported as having five reinfections; another, after a normal temperature of twelve days, became reinfected, and two nurses were detailed under the strictest care. One Water Company sent two carloads of pure water. The amount of water consumed may be judged when it is understood that the Relief Committee paid one thousand dollars for the return of water bottles. The State furnished all disinfectants. Dr. Batt personally conducted this matter. Each nurse is to receive an engraved certificate, which will be greatly appreciated.



THE ABUSE OF FLAT-FOOT SUPPORTS.—Wisner R. Townsend protests against the too common habit of treating flat-foot by various forms of support without consulting a surgeon. Errors in diagnosis are easily made, and ostitis of tarsus or ankle, metatarsalgia, neuralgia, or an inflammatory concretion of the parts about the inner side of the foot have been mistaken for flat-foot. In one case a sarcoma of the sole of the foot was treated for some time by braces. Moreover, when flat-foot exists, it does not necessarily follow that a support must be applied, for there are contraindications known to the profession, such as extreme spasm, extreme deformity, or inflammatory conditions. Another damage resulting from the indiscriminate use of supports is that many cases, mild in type and easily cured by medical men, are allowed to grow worse, and the patient may become so seriously crippled that operation may be needed, or the case be incurable. The supports may not fit, may not support at all, and may increase, or even produce, deformity. Supports bought by the patient who is his own surgeon cannot be suitable when the principles of the disease are not understood.—*American Journal of Orthopædic Surgery.*

THE THERAPEUTIC POSSIBILITIES OF RADIUM.—In an editorial on this subject the *Boston Medical and Surgical Journal* says in the *British Medical Journal* Mr. John Macintyre writes briefly in continuation of a previous article on work which he has done. He found that lupus and rodent ulcers were very favorably affected by exposure to the rays of radium. Mr. Frederic Soddy suggests the possibility of applying the rays of radium and thorium to the treatment of consumption. The theory being that inhalation of radium solution gives rise to the formation of a film of radio-active matter which persists for a certain definite time, it is conceived possible that radium would continue to exert its activity in the air-cells of the patient's lungs after the emanations themselves had been exhaled.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

THE NURSES' ASSOCIATED ALUMNÆ

THE Nurses' Associated Alumnæ opened its seventh annual convention of three days on Thursday, May 12, in the Drexel Institute, Philadelphia. The president, Miss Mary M. Riddle, called the meeting to order at three o'clock. The Rt. Rev. O. W. Whitaker, Bishop of Pennsylvania, made the invocation, and the president delivered an able address, after which the meeting adjourned.

The official proceedings will be published in full in the July number of this JOURNAL. The officers elected were: President, Miss Mary M. Riddle; first vice-president, Miss Annie Damer; second vice-president, Miss M. M. Whitaker; secretary, Miss Mary E. Thornton; treasurer, Miss Healy. These, with six directors, will form the Executive Board.

The most important business transacted was the completion and adoption of the constitution and by-laws. The question of the future ownership of the JOURNAL was discussed and a satisfactory solution reached. The programme proved to be most interesting, and the social entertainment provided made the week one of great pleasure.

The association was given the freedom of the Drexel Institute—a most delightful building in which to hold such a convention—and every attention and courtesy was shown to the visitors and members. The meeting next year will be held in Washington, D. C.

MARY E. THORNTON, Secretary.

NEW YORK STATE NURSES' ASSOCIATION.

AMENDMENTS to the by-laws were submitted to the New York State Nurses' Association at the third annual meeting held in Albany, April 19, 1904, and it was resolved that only registered nurses shall be eligible to individual membership in the association, that only such alumnæ associations as are composed of members who are graduates from training-schools registered by the Regents of the State of New York, and only such other organizations of which the members admitted after October, 1904, are registered nurses, shall be eligible. Applicants eligible for membership in any local nursing organization belonging to the State association shall not be admitted as individual members. Applications for membership shall be made one month before the regular meetings.

Provision was also made that the Nominating Committee name four candidates for the Board of Examiners. Two of these are to be elected by the association at the annual meeting and the names submitted to the Board of Regents, who will in turn appoint one to serve on the Board of Examiners for a period of five years. Other amendments were held over until October.

During the past year ninety-five new members and ten organizations were admitted, making a total membership of two hundred and thirty-four individual members and twenty organizations. The names of the individuals and associations admitted at the annual meeting are as follows:

Bessie L. Hatfield, Grace E. Adair, Cora E. Sylvester-Douglas, Christena McEwen, Anna Howell Ostrom, Eunice W. Brinkerhoff, Harriet May Harmon, Agnes Boon Baker, Laura C. Duryea, Mary Hennessy, Hildegard Backman, Bessie Masseth, Alexina Parsell, Annie P. Evans, Lena Griffin, Susie Butters, Emma Hartlieb, Della Hobertis, Ida M. Topping, Lena Fries, Marguerita M. Hogan, Agnes C. Dunne, Agnes Bertha Smith, Jennie A. Zimmerman, Mary Adelaide Marquis, Emma E. Hild, Marion F. Deane, A. H. Lough, Christiana Crowther, Eliza J. Hodgson, Carrie Jowett.

New York County Nurses' Association.

Alumnæ Association of St. John Riverside Hospital.

Alumnæ Association of Mills Training-School.

The Alumnæ Association of Albany Hospital.

Certificates for registration are now being issued by the Regents of the University.

JESSIE MCCALLUM,
Retiring Secretary.

THE PORTLAND MEETING

THE Conference of District Nurses that is to be held in Portland is looked forward to with much pleasant anticipation by those who are planning to be present. It is hoped that as many nurses as possible will avail themselves of this opportunity for the exchange of ideas and experiences. The meetings are to be of a very informal nature and will consist largely of discussion of topics bearing upon the relation of district nursing to social and philanthropic questions. With the marked development in methods of philanthropy during the past few years it is interesting to note that the nurse is being given an increasing share in the deliberations of those interested in social and philanthropic questions. While the world at large is learning the economic value of the nurse, she ought not to fail on her part to become better acquainted with the movements of modern thought, particularly those that have a natural bearing upon her own profession. The conference at Portland affords rare opportunities in this direction. Miss Jane Addams, of Hull House, will speak, and there are others of equal interest on the programme.

Following is the programme of the special meetings to be held at the Falmouth Hotel, Portland, Me. The first meeting is scheduled to take place on June 14 at eight P.M. The second will be on the morning following,—the 15th,—at ten A.M. It is hoped that all who attend the meetings will study the topics carefully and will come prepared to assist in animated discussion.

1. "Should district nursing be made so largely an educational and instructive factor as to make the value of skilled nursing rendered only a secondary consideration?"

2. "What are the best methods for a district nurse to pursue in order to secure sufficient care for her very sick patients at night?"

3. "What are the best methods for caring for contagious cases when it is impossible to have a nurse specialize one class of diseases? Should a nurse take obstetrical cases when doing general nursing?"

4. "The advisability of impressing upon the public the growing necessity for nurses devoted to the care of cases of tuberculosis."

1. "To what extent can the administration of sick diet and general relief be entrusted to district nurses without reference to investigating societies?"

2. "Is a central home the best way to keep up the interest and *esprit de corps* of the nurses, or should a nurse have residence in the district in which she works?"

3. "Comparative methods of bookkeeping, reports, records, etc. What style of bag, apron, dress is advisable? Has a prescribed street uniform advantages over a less conspicuous style of dress?"

4. "Why should there not be a Federation of Nurses in America adopting a uniform method both in dress and administration? See Queen's Nurses in England and Victoria Order in Canada."

JANE ELIZABETH HITCHCOCK, Secretary,
265 Henry Street, New York.

REPORT OF THE CLASS IN HOSPITAL ECONOMICS

To Miss Banfield, Chairman.

The report of our instructor, Miss Alline, has already informed you of our special advantages during the month of April in the line of excursions and lectures. In addition to this we should like to emphasize the fact that this course gives us unusual opportunities of studying not only hospital organization of all kinds, but also the allied fields of district nursing and public charities.

The visit to the Association for the Improvement of the Condition of the Poor and the United Charities was extremely helpful, as they are dealing with the same class of people that furnishes the majority of patients in general hospitals.

Several members of the class are planning to spend a whole day with one of the Association for the Improvement of the Condition of the Poor visitors, accompanying her on her round of visits. We have been invited by the manager of the association to visit "Sea Breeze," their summer home for poor women and children on Coney Island.

The Domestic Science Department of Teachers College kindly arranged a course of six lessons, conducted by Miss Way, the dietetist at Whittier Hall, the College Dormitory, in the practical management of the domestic department of the institution. Respectfully submitted,

STUDENTS' COMMITTEE (per ISABELLA E. JEWELL).

THE PENNSYLVANIA STATE MEETING

THE Graduate Nurses' Association of the State of Pennsylvania met at Wilkes-Barre April 20 and 21. The first session was called to order by Miss Brobson, the president. Rev. Dr. Jones opened with prayer, which was followed by an address of welcome by Dr. G. W. Guthrie. A paper on "The Preliminary Education of Nurses," by Miss Milne, of the Presbyterian Hospital of Philadel-

phia, was read by Miss Dunlop, another on "The Benefit of Registration to the Public," by Miss Curtis, of Phoenixville, Pa.

The usual business was transacted. One hundred and twenty applications for membership were accepted. Miss Giles, of Pittsburg, submitted her resignation as secretary of the association, which was finally accepted.

Invitations from Erie, Reading, and New Castle were read for the next quarterly meeting to be held in July. It was finally decided to accept the invitation to Erie, in order that members from the northern part of the State might have a better chance of attending.

During the next two months circulars will be printed, and as far as possible distributed to all nurses in the State, fully explaining the principles of registration.

If anyone knowing of nurses who have not received a copy, or of anyone desiring information on this subject, will send the names to Mrs. Edwin Lewis, of 523 Second Street, Braddock, Pa., they will be supplied.

If all nurses who attended the Philadelphia meeting in June or the Pittsburg meeting in October of 1903 and who have not paid their initiation fees and annual dues will do so before the annual meeting in October they will be considered charter members. All checks should be sent to Miss A. M. Shiels, of the Methodist Episcopal Hospital, Broad and Wood Streets, Philadelphia, Pa.

A copy of the constitution and by-laws can be obtained by applying to the secretary,

MRS. GEO. O. LOEFFLER,

Chairman Publication and the Press.

NOTICE TO APPLICANTS FOR ADMISSION TO TEACHERS COLLEGE COURSE IN HOSPITAL ECONOMICS

MISS ANNA C. MAXWELL has kindly consented to act as chairman during Miss Banfield's absence abroad. Applications should therefore be made to her at the Presbyterian Hospital, New York City, for all information and application blanks.

"THE Associated Nurses of St. Louis" are making arrangements for headquarters on the Fair Grounds, where the visiting nurses may meet, rest, and become acquainted with one another. As plans cannot be fully completed in time for this month's issue any information desired upon this subject by nurses visiting the Fair in June will be gladly given by the secretary of the Associated Nurses of St. Louis, Helen G. Kelly, 3943 Olive Street, St. Louis, Mo.

REGULAR MEETINGS

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular monthly meeting at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, May 10. After the usual routine of business Edward T. Devine, Ph.D., editor of *Charities* and general secretary of the Charity Organization Society, addressed the meeting on "The Trained Nurse in Philanthropy." Dr. Devine said that in looking for a text for this occasion his eye fell on one in Psalm xci., "A thousand shall fall at thy side, and ten thousand at thy right hand," but knowing the retiring attitude of nurses he felt that they would protest that that honor belonged to the medical profession. Others in Psalms cxvi. and cxix., "I was greatly afflicted" and "It is good for me

to have been afflicted," for personal reasons he discarded also (had he been through a training-school he would have thought these the most appropriate), but found his key-note in Psalm lxxxv., "Mercy and truth are met together," for in a nurse's work as nowhere else are mercy and truth joined together in inseparable union. The profession is passing through a stage of development and the trained nurse has been subjected to the microscope of observation and the scalpel of criticism. She is on the field of battle (or the hospital camp on war's grim border), in hospital wards in peaceful cities, in and out among the homes of the poor on errands of mercy, at the bedside of the well-to-do. She has fallen from exposure, from physical strain, and from the heroic attempt to perform the impossible as nobly as if on the field of battle. He said the profession is not overcrowded and that we have not yet reached the point of saturation. (But the solution needs filtering, though he may not have noticed the dregs.) He pointed out two heresies. One was that if she were merely to fetch and carry for the physician, she might feel as irresponsible as the hodcarrier, who said the man at the top did all the work. The other was that womanliness and housewifeliness were the most essential qualities of a nurse. While yielding to none in his admiration of womanliness or his esteem for housewifeliness, he thought these qualities should be in the background in the sick-room, where the skilled professional nurse should take command of the situation, laying aside the privileges of sex, age, beauty, or ignorance, and with an impersonal interest and a higher ideal than any other woman needs accomplish the work to which she is called. All this gives her an admirable foundation for philanthropic or charitable work. Her horizon must be widened to see the causes of all the difficulties in which the family are involved, and after getting the right point of view and learning the root of the evil, she must treat it with that same thoroughness and adherence to truth and mercy which she would use towards physical weakness. Here he said it might be well to warn us against allowing ourselves or our profession to be made a cat's-paw of for furthering the interests of societies, settlements, missions, and churches, to increase converts, club-members, etc., instead of insisting upon the dignity, independence, and genuine worth of our profession in preventing disease or relieving the sick. The nurse in philanthropy very nearly holds the key to the situation, as fifty per cent. of all charitable work is due to illness and at some stage needs a nurse. If, then, those who are engaged in this most gracious ministry—the care of the sick—add to their healing art, the knowledge and enthusiasm for the science of philanthropy, which, after all, no less than the science of medicine, underlies their art, they will surely exert what will be very nearly a preponderating influence in the relief of distress and the working out of a better social order, in which there shall be less of sickness, suffering, premature decay, and death, and more of healthy living, of wholesome rational enjoyment of life, when nursing and philanthropy will not have ceased, but will have their opportunity in higher and more attractive spheres, and when our problem will not be as much how to lessen human misery as how to add still more to the happiness and well-being of mankind. After the meeting the nurses adjourned to the banquet hall. The refreshments which followed were a donation from Mrs. David Ingersoll and Miss Canfield.

NEW YORK.—The annual meeting of the Association of Graduate Nurses in Manhattan and Bronx was held on May 9, at four-thirty P.M., at the League for Political Education, 23 West Forty-fourth Street. The officers elected for the

coming year were: President, Miss M. W. McKechnie; vice-president, Miss L. F. Nicolai; secretary, Miss A. S. Bussell; treasurer, Mrs. F. Brockway; trustee (three years), Miss M. E. Shannon. The report of the secretary showed that fifty-four members had been admitted during the year. The treasurer reported that there was a balance to the credit of the association of seventy-four dollars and forty-three cents. The report of the delegates to the New York State Nurses' meeting was read and approved. Three applications for membership approved by the Membership Committee were voted upon favorably, and seven new members were elected—viz., Miss M. S. Moore, Miss J. C. Allan, Miss O. E. Burr, Miss L. Rautrustein, Miss L. E. Weebus, Miss G. Thorne, and Miss C. F. Peake. The subject of this association applying for membership in the County Nurses' Association was discussed at some length. It was finally voted to defer any action towards this for the present, and to retain our membership in the State Nurses' Association. The president spoke of the desirability of THE AMERICAN JOURNAL OF NURSING being owned by the Associated Alumnae, and said that in the movement towards this object our association ought to be prepared to take its part. Mrs. M. Moore moved that the obtaining of a charter be considered. A committee was appointed to ascertain the necessary steps to be taken towards obtaining a charter; also what advantages and disadvantages would be thereby entailed. Mrs. Brockway spoke to the meeting of the Nurses' Auxiliary Society for Stony Wold, now being formed with the object of providing some place in the Adirondacks for nurses who had contracted tuberculosis.

CINCINNATI, O.—The annual meeting of the Graduate Nurses' Association of Cincinnati was held on April 27 at the City Hospital, Miss Greenwood in the chair. The election of officers resulted as follows: President, Miss Hamer Greenwood, superintendent Jewish Hospital; first vice-president, Miss Olive Fisher, superintendent Training-School City Hospital; second vice-president, Miss McEwen, superintendent Training-School Christ Hospital; secretary, Mrs. Hartsock, superintendent Training-School Presbyterian Hospital; treasurer, Miss Petering, superintendent Home for the Friendless; councillors, Miss Wallers, Miss Adler. In her address the president spoke of the work accomplished by the Graduate Nurses' Association during the year. This work has been largely directed along the lines of organization and State legislation. The call for a meeting of nurses to consider the formation of a State association was sent out by the association, which had also the pleasure of entertaining the delegates with a trolley-ride and luncheon. The majority of the graduate nurses in good standing in the city are members. A registry is also maintained for the benefit of nurses in private practice. The annual report will shortly be published.

OTTAWA.—A meeting for the organization of the Alumnae Association of St. Luke's General Hospital graduate nurses was held at the hospital on March 31, 1904. Miss Chesley was elected to the chair pro tem. After a free discussion as to the need for such an organization it was shown to be the sense of the meeting that an Alumnae Association should now be formed, and a committee of four was appointed to draw up a constitution and by-laws, the committee to report at the next meeting, which was held April 14. The constitution and by-laws presented were approved of by the meeting and the following officers were

unanimously elected: President, Miss Chesley, lady superintendent; vice-president, Miss Collins, Class of 1903; secretary-treasurer, Miss Rayside, Class of 1901. As the Training-School is still in its infancy, the graduates are few, but judging by the enthusiasm displayed at the meeting and the sincere regrets received from all who were unable to attend we look to the future for a very flourishing association. The society was started with a membership of seventeen, and the hope of six more after the graduation exercises on May 31.

BOSTON.—The New England Hospital Alumnae Association held their annual meeting on the afternoon of May 4. It was called to order at two P.M., Miss Mary C. Hall, vice-president, presiding. Letters from absent members were read. The sick relief fund was discussed, and the feasibility of owning shares in the Stock Company of the Club-House. It was moved to purchase one share. Tribute was paid to our first graduate, Miss Linda Richards. A vote of thanks was given to Miss Dillet for long and continuous service. The graduating class was present. The following officers were elected: President, Mrs. Mary C. Hall; first vice-president, Miss Dillet; second vice-president, Miss Grace Robinson; third vice-president, Miss Jennie E. Henrie; secretary, Miss D. Hodgkins; assistant secretary, Miss S. Hogarth. The meeting adjourned at four P.M. until October 8. The graduating class was entertained at the Club-House. Salads and ices were served. Selections were rendered by Miss Amie Fielding on the piano and charades were given in the parlor during the evening. The evening closed with "Auld Lang Syne."

CLEVELAND, O.—On Wednesday, April 20, at one o'clock, the Alumnae Association of the Cleveland Training-School for Nurses gave a luncheon in honor of the graduating class, which held their graduating exercises on the evening of the following day. The luncheon was held in the assembly hall of the Hollenden Hotel. Five tables were set, each accommodating eight persons. The decorations were of roses, pink, red, and white, with asparagus fern, and the menu cards were of white with gold ribbon, the colors of the class. Miss Lottie Guy, president of the association, was toast-mistress, and many toasts were given. Mr. W. H. Webber, superintendent of the hospital, spoke on the "History of the School," and was followed by Mrs. Jean McGregor, the oldest graduate nurse in the city, Miss Alice Bowman, Miss Myrna Williams, Miss Florence Maillem, Miss Charlotte Ludwig, Miss Casey, principal of the school, and Miss Ethel Osborne, who responded for the class. Many letters of congratulation were read, among them one from Hon. Myron T. Herrick, who is president of the hospital.

INDIANAPOLIS.—The second annual meeting of the Hope Hospital Nurses' Alumnae Association was held at the hospital parlors on Tuesday afternoon, May 3, 1904. The reports presented by officers and committees made it evident that the association has enjoyed a prosperous year, in which much excellent work has been accomplished. Election of officers for the ensuing year resulted as follows: President, Mrs. E. G. Fournier; vice-president, Miss Flo. Conklin; secretary, Miss Alice McCully; treasurer, Miss Mary Dyble; chairman Social Committee, Mrs. Elliott; chairman Programme Committee, Miss Elena Weaver; historian, Miss Elizabeth Melville; badge manager, Miss Ella Jones. The association has a membership of about thirty and is in an excellent condition in every

way. A feature of the meeting on Tuesday was an address by the president, Mrs. Fournier. Miss Alice McCully was elected a delegate to the meeting of the national association in Philadelphia on May 12. Miss McCully will be accompanied by Mrs. Fournier, Miss Conklin, Miss Dustenan, and Mrs. Elliott.

MICHIGAN.—An earnest effort to place the trained nurses of the State on a higher plane was consummated May 10, when about one hundred and thirty graduate nurses from all over the State gathered in Chaffee Hall, Detroit, Mich., and organized "The Michigan State Nurses' Association." The direct object is to effect State registration for graduate nurses. All those present became charter members of the new organization. The meeting was addressed by Mayor Maybury, C. A. Kent, and Dr. J. H. Carstens. Many prominent women in the profession were present. The election of officers resulted as follows: President, Mrs. L. E. Gretter, Harper Hospital, Detroit; First Vice-President, Miss Ida M. Barrett, U. B. A., Grand Rapids; second vice-president, Miss Ida M. Tracy, University of Ann Arbor; recording secretary, Miss Henrietta Potts, Grace Hospital, Detroit; corresponding secretary, Miss Sarah E. Sly, Birmingham, Mich.; treasurer, Miss Mary Fletcher, U. B. A., Grand Rapids.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnæ was held on Tuesday, May 3, at three-thirty P.M. The president being absent, the meeting was called to order by the vice-president, Miss Monteith. Twenty-five members were present. After the treasurer's and secretary's reports were approved, a very full and interesting report of the convention of the New York State Nurses' Association, which was held in Albany on April 19, was given by Miss Monteith, who represented our society. The important question of the Associated Alumnæ owning THE AMERICAN JOURNAL OF NURSING was then discussed, our alumnæ voting to purchase a share in said JOURNAL if it be decided in Philadelphia that the alumnæ associations should purchase the balance of the stock. The question of the endowment fund was discussed, and it was decided to extend the time for raising the money to January 1, 1905. The meeting then adjourned.

DANBURY, CONN.—The regular meeting of the Graduate Nurses' Association of the Danbury Hospital was postponed to April 19 on account of the funeral of Lieutenant Ernest Weichert, of the United States Navy, a brother of Miss Susie Weichert, an esteemed member of the association. After the usual formalities letters were read from the newly elected honorary members at the annual meeting—viz., Miss Linda Richards, the first graduate nurse in America; Miss Marion Thornton, author of the closing song of the association; Mrs. Clark Barnum, president of the local Women's Christian Temperance Union, and Mrs. Sidney Starbuck, of Brooklyn, N. Y., a sincere friend of the Danbury Hospital and its interests. It was voted that these letters be put on file in the records, etc. A report of the New Haven meeting stated they were unable to transact the important business, as there was not a quorum present.

CLEVELAND, O.—The Graduate Nurses' Association held its regular monthly meeting at the Young Men's Christian Association Building on Tuesday, April 26. There was a large attendance, and the meeting was opened by the president,

Miss V. V. Lewis. Three new members were admitted to the association—Mrs. E. A. Smith, Miss Van Vesler, and Miss Mildred Skirball. A report was read from the Central Registry of the Graduate Nurses' Association. The registry has only been open two months and already fifty nurses are enrolled, and it has been well patronized by the leading physicians. Dr. Friedrich, the city Health Officer, then gave a most interesting talk on "Typhoid and the Condition of the Water in Cleveland." A committee was appointed to revise the constitution and by-laws of the association, after which the meeting adjourned until the last Tuesday in May.

NEW YORK.—At the regular monthly meeting of the Roosevelt Hospital Alumnæ Association, held May 5, the following letter was read:

"Miss Mary A. Samuel, Superintendent of Nurses, Roosevelt Hospital, New York.

"MY DEAR MISS SAMUEL: In accordance with our conversation of yesterday, I enclose herewith a check for five hundred dollars, being a gift by Mrs. James A. Roosevelt to the "Fund for Sick Nurses" of the Roosevelt Hospital, which she sends in recognition of the benefit she has received from trained nursing during the past winter. Yours truly,

"W. EMLÉN ROOSEVELT."

This gift of Mrs. Roosevelt has added greatly to the furtherance of the association's endeavors to place the fund on a firm basis and enlist the interest and support of all the members.

PHILADELPHIA.—The annual meeting of the Alumnæ Association of the Presbyterian Hospital in Philadelphia was held at the hospital on Commencement Day, Tuesday, May 3. Fifty-two members were present. The retiring president, Miss Milne, gave a short history of the association during the eight years she had been president, and put in an urgent plea for all the members to join the Pennsylvania State Nurses' Association and work for State registration. The secretary reported a good average attendance at the meetings during the year, showing the interest of the members in the work of their alumnæ. The treasurer reported the alumnæ in a good financial condition, and she recommended that in the event of the Associated Alumnæ not being able to purchase the JOURNAL that this alumnæ consider becoming a stockholder.

DISTRICT OF COLUMBIA.—The bill for the registration of nurses introduced in Congress in January and commented upon by the editor in the March JOURNAL was discussed at a special meeting held March 19. The nurses voted not to accept the bill as it stood. A committee of nurses was appointed to prepare a new bill, which has been printed and circulated and will come up at the November meeting for discussion. At the semi-annual meeting in May Miss Nevins, president, most effectually brought before the nurses the matter of ownership of the JOURNAL by the Associated Alumnæ and the importance of individual subscription, with the encouraging response of twenty new subscribers. The Graduate Nurses' Association was formally incorporated April 15.

PHILADELPHIA.—The annual meeting of the Alumnæ Association of the Training-School for Nurses of the Methodist-Episcopal Hospital was held on Wednesday, April 13. The attendance was unusually large, the importance of the meeting being fully appreciated. The chairman of the Nominating Com-

mittee announced the following officers elected: President, Miss Lillian Waterman; first vice-president, Miss May Ellis; second vice-president, Miss Orpha Shipman; secretary, Miss Emma C. Miller; treasurer, Miss Fannie Ferris. The meeting was full of interest, and after all business had been transacted it was adjourned for the social hour, when refreshments were served.

WILLIAMSPORT, PA.—The regular monthly meeting of the Alumnae of the Williamsport Hospital Training-School for nurses took place in the parlors of the Nurses' Home on Thursday, April 28, at three P.M. It was the best attended meeting of this year. Dr. G. D. Nutt gave a practical and instructive discourse on "Surgery," and at the close of the talk a vote of thanks was tendered him for the kindness conferred. After the lecture a short business meeting was held. Two new members were admitted. The May meeting, being the annual meeting, officers for the ensuing year will be elected.

PHILADELPHIA.—The regular monthly meeting of the Alumnae Association of the Woman's Hospital, Philadelphia, was held at 1227 Arch Street on May 11, 1904. There was a large attendance, fifteen members and three visitors being present. Miss Ball's name was proposed for membership. She was of the Class of 1901. The treasurer, Miss Greaney, read an interesting account of the Woman's Hospital from its incorporation in 1861 up to date, which was very much appreciated by those present. The June meeting will be held at the Woman's Hospital by kind invitation of Dr. Seabrooke.

ROCHESTER.—The regular quarterly meeting of the Rochester Homœopathic Alumnae Association was held at the hospital on Tuesday evening, May 3, and was one of the best attended and most interesting meetings that they have ever had. Miss Julia Bailey was appointed as its representative to attend the "Seventh Annual Convention of the Associated Alumnae," to be held in Drexel Institute, Philadelphia, May 12, 13, and 14. A committee was named to draw up a "Code of Ethics," and it was decided that the association make application for membership in the Local Council.

NEW YORK.—The regular meeting of the Bellevue Alumnae was held at the Training-School on Thursday, April 21, the president, Miss Markham, in the chair. Two members of the association now in Europe, Miss Dock and Miss Lampè, were appointed delegates to the International Congress in Berlin. Miss Markham, Miss Rhodes, and Mrs. Bohling were appointed delegates to the convention of the associated alumnae in Philadelphia.

NEW YORK.—At a meeting of the Mt. Sinai Alumnae, held on May 5, the resolutions drawn up by a committee previously appointed, regretting the loss of a late member, Miss Isabel Ash, were adopted. Fourteen new members were elected. Reports from Committees on County and State Meetings were accepted. After a lengthy business meeting refreshments were served.

NEW YORK.—The meeting of the New York County Nurses' Association was held at the City Hospital, on Blackwell's Island, on the evening of Tuesday, May 3. There was a very good attendance of members and guests. The next meeting will be held on the first Tuesday in October at the New York Hospital.

ALLEGHENY.—The Class of 1900 of the Nurses' Alumnæ Association of the Allegheny General Hospital gave a euchre and dance on April 21 at Waldorf Hall, Allegheny, at which they cleared five hundred dollars to be added to the fund for endowing a bed for nurses in the new hospital, now almost completed.

NEW YORK.—St. Catherine's Guild for Graduate Nurses held its first annual meeting at St. Rose's Settlement, 257 East Seventy-first Street, on Tuesday, May 3, at three-thirty P.M.

BIRTHS

IN Washington, on April 21, 1904, to Mrs. Dr. Vedder a daughter. Mrs. Vedder was formerly Miss Lilian Norton, a graduate of the Pennsylvania Hospital in 1901.

IN Wilkes-Barre, Pa., March 26, to Mrs. G. W. Reschke, a daughter. Mrs. Reschke graduated from the Franklin County Hospital, Greenfield, Mass., in 1897.

IN Leyden, Mass., April 4, to Mrs. William A. Barber, a son. Mrs. Barber graduated from the Franklin County Hospital in the Class of 1900.

MARRIED

IN Philadelphia, April 14, 1904, at the residence of the brother-in-law of the bride, Amanda J. Armistead, graduate of the Philadelphia Hospital, Class of 1893, late of the Army Nurse Corps, to Major Henry Hunt Ludlow, United States Army. Owing to recent deaths in the families of both contracting parties the wedding was exceedingly quiet. Major and Mrs. Ludlow will reside at Oktibbeha, Miss., where Major Ludlow is stationed as military instructor at an agricultural college.

AT Woodstock, on April 6, 1904, Miss Helen Holmes, graduate of the Toronto General Hospital Training-School for Nurses, Class of 1901, to Mr. Arthur Fairbanks Gibbs, of Port Arthur, Ontario.

IN Philadelphia, on April 20, Miss Emily Liser to Mr. William Roos, of Chicago. Mrs. Roos was a graduate of the Pennsylvania Hospital, Class of 1902.

OBITUARY

ENTERED into rest, Mrs. Mary Mathews, at the Cleveland General Hospital, April 3, 1904. Mrs. Mathews was a graduate of the Class of 1896, and also a Methodist Episcopal deaconess. A very large circle of friends will mourn her loss.

At a meeting of the Cleveland General Hospital Alumnæ Association the following resolutions were adopted:

"WHEREAS, God in His infinite wisdom has seen fit to remove from our midst a dear sister; be it therefore

"*Resolved*, That while we bow in submission to the will of our Heavenly Father, we feel that we can best hold our sister in loving remembrance by striving to emulate that goodness and sweet, loving sympathy which characterized her Christian character.

"*Resolved*, That we extend to her family and friends our heartfelt sympathy.

"*Resolved*, That a copy of these resolutions be forwarded to the family, THE AMERICAN JOURNAL OF NURSING, and placed on the records of the association.

" CORNELIA STOELZING,

" PAULINE RENTER,

" Committee."

AT the Long Island College Hospital, Brooklyn, April 19, Miss Alise Lucy Wood, formerly of Cork, Ireland, of rapid tuberculosis following pneumonia.

Miss Wood graduated from the Training-School for Nurses of the above hospital in the Class of 1889, and has practised her profession in England, Ireland, and America.

The following resolutions were adopted at the May meeting of the Alumnae Association:

" WHEREAS, It has pleased God to call from her labor one of our most faithful and indefatigable nurses

" *Resolved*, That we express to the family of the deceased our deepest sympathy with them in their bereavement.

" *Resolved*, That a copy of these resolutions be sent to her family and recorded on the minutes of our association, and also be sent for publication in the nursing journals.

" J. E. O'DALY,

" REGINA KELLEY,

" CLARA HALL,

" Committee."

THE Alumnae Association of Mt. Sinai Training-School for Nurses has learned with deep regret of the death, after a short illness, of Miss Isabel Ash at her home in New York City.

Miss Ash was a graduate of the Class of 1883 and a member of the alumnae since its organization; therefore be it

" *Resolved*, That our association and the nursing profession have lost a sincere and devoted member; and be it further

" *Resolved*, That the sympathy of this association be extended to her family in their bereavement, and that copies of these resolutions be printed in THE AMERICAN JOURNAL OF NURSING and in the *Trained Nurse*, and be entered in the minutes of this association."

AT Toronto, April 23, Rose Pearson MacMillan, graduate of the General Hospital, Class of 1884.

Mrs. MacMillan had held the position of head nurse, Woman's Infirmary, Asylum for the Insane, Mimico, Ont., for the last five years.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE NURSING SYSTEM OF ITALIAN HOSPITALS

(Concluded from page 651)

AN important paper on this subject was written by Signora Angelo Celli, of Rome, in 1901.* Signora Celli deals with the subject as fearlessly as does Dr. Hamilton, of France, in her articles. Space does not allow us to give it in full, as we should like to do.

Beginning by sketching the reforms of Florence Nightingale and the systems of the great "free" nursing institutions of Hamburg and Berlin, she goes on to describe the nursing system of Italy, and we are glad to find that the articles on that subject which have appeared in this JOURNAL are verified by her statements and descriptions. After mentioning the Sisters of Charity she says:

"The servant-nurses are the ones who really attend to the sick. Few indeed are the hospitals where this is done by the sisters—for example, to a certain extent in Rome at San Giovanni Hospital, at the Cottolengo in Turin, at the Civil Hospital of Udine, etc. Still fewer are the examples, as at Pavia and in the Hospital S. Maria Nuova in Florence, where semi-religious orders of women who have taken no regular vows are in charge of the wards and perform all the most important and delicate duties for the sick. In all the other large hospitals the service is regulated as before described."

After discussing the economic side, of cheapness to the hospital where religious orders are in charge, she says:

"The discipline of the religious orders is certainly vastly superior to that of the lay nurses, and this is of extraordinary importance for those attending upon the sick. But the admirable discipline of the Catholic Church has this one defect: Instead of recognizing first the medical authority, it places first the religious authority. From this cause arise various stumbling-blocks. The service of the sick is looked upon as labor rewarded in heaven, and it is not considered necessary to teach it as a profession. It is regarded as a religious function.

"It has happened that sisters have refused to carry out medical orders for children, saying that it was much better they should become angels. In one instance, when a patient had a severe hemorrhage, instead of calling the physician the sister went for the priest. Another on a winter night allowed a patient with pneumonia to get up, and the latter was found by the physician, half-dressed and dying, kneeling upon the cold floor to pray.

"This is not said to criticise, for I am the first to recognize the great merits of the sisters. But science is to-day too far advanced, and to be a com-

* "La Donna Infermiera," by Anna Celli, in the *Unione Femminile*, Nos. 3 and 4 and 7 and 8 Milan, 1901.

petent nurse it is absolutely necessary that the nurse be thoroughly taught, and not limited to the religious service.

“The nurse should occupy herself solely with the sick and leave all else to be done by others. She should be exclusively subordinate to the medical officers and follow rigorously all their orders.

“She should be put through a practical and theoretical course, and be capable not only of recognizing grave symptoms, but also, in times of emergency, of applying the remedy. And before practising, she should be well instructed, partly by the physicians and surgeons, and partly by the trained and qualified head of nurses.

“She should not, from reasons of false modesty, leave the most important parts of the care of the sick to attendants, but it should be her highest duty and honor to have no ignorant person touch the patient.

“She should not wear a dark habit and immense head-dress, which impedes work and becomes a vehicle for micro-organisms, but choose a light, washable dress.

“Until such reforms can be made the religious sister can never be a real and model nurse in the modern sense of the word.

“To-day, the care of the sick in Italy is largely in the hands of lay persons, illiterate, and engaged as servants. In general they are admitted from the age of eighteen to forty years, in one hospital at fifteen, in another at sixteen. In another there is no rule. Usually only unmarried women are accepted, because the work requires that they should live in the hospital. However, this rule is not in force in a number of hospitals. In two * before being engaged as nurse the applicant must spend six months in the laundry. In other hospitals she is engaged without condition. In five she must give some unpaid time—in one two months, in another three, in another two years, in another forty days—before being definitely accepted. In one it is compulsory to attend instructions, in another it is voluntary. In some practical instruction is given. In others practical and theoretical instruction. At the end of the latter an examination is given.

“At Pavia a physician gives a course of two-months’ teaching after the nurses demonstrate that they can read, write, and do simple arithmetic. At Ferrara the course lasts four months, with one lesson a week, and comprises medical and surgical work. At Siena the physicians give a theoretical course of six months. If the applicant cannot pass a satisfactory examination in this, he or she is not accepted. In Florence, every year, the physicians and surgeons give a practical and theoretical course of six months, and this, as at Rome, may be attended by applicants.

“These courses appear well on paper (and they certainly represent a great step in advance), but as actual fact they often do more harm than good. Instead of being of practical benefit they only serve to confuse the ideas of the pupils. The instructor should be able to descend to the level of the pupils, so as to explain things in a way they can understand. Certainly it is most difficult for a class of young persons who have scarcely gone through the elementary schools to understand any part of so complicated an organism as the human body.

“Instead of being made to memorize the skeleton and its parts would it not be better for the nurse to understand the daily functions of the body? So it

* In the original paper the names of all hospitals are given with the facts, but are omitted by us for the sake of brevity.

happens that, whether the course is taken or not, the ignorance of the pupils remains the same. Especially, even if the course is taken, they have no idea of asepsis and antisepsis, of the diets for the various maladies, of how to apply treatment, and so on. Who ever teaches them their duties towards the sick? Who shows them how to make a patient comfortable? Who drills them in the cleanliness so essential in a ward or sick-room? Who teaches so many other little essential points? The physician cannot do this. Often he does not know how himself. No one can teach this but a woman, and therefore the nurses must have a head nurse who can teach them.

"After having passed the requirements of the different hospitals they are taken into service under various economic conditions.

"The table which follows shows better than words the hours of work of the servant-nurses and their rates of payment.

"From this table it will be seen that their financial conditions are not brilliant, especially in comparison with the nature of the work they are called on to perform, and this is perhaps one reason why women of a higher grade do not enter the service.

"In many hospitals—for example, in Rome—in their free hours they have to do their own laundering. Few make any provision for old age; in others they are dismissed when no longer capable.

"As the result of insufficient pay the nurses demand fees from the patients. They have a marvellous art in extracting something, even from the poorest. The relations of the sick ones, hoping to get them better treatment, often give beyond their means.

"I do not know whether any hospitals forbid the taking of fees, but certainly in some the authorities count upon it in order to pay smaller wages. Then too this meagre payment often drives them into illicit or dishonest ways of gaining money.

"In general the nurses have the daily care of from eight to fifteen patients, and twice as many by night, but there are hospitals where one nurse may have thirty and over to attend and wait on.

"Tuscany is undoubtedly the most advanced part of Italy in regard to hospital service. Siena and Florence especially have excellent rules. The work of the nurses is well regulated and their future is provided for.

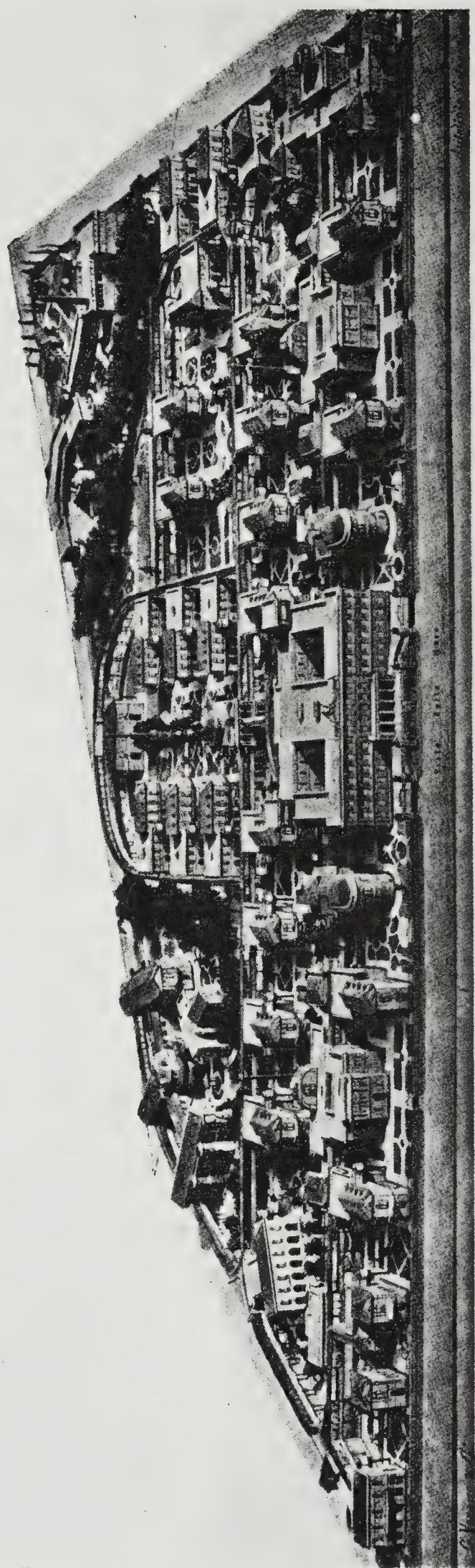
"On the other hand, in such centres as Turin, Milan, Rome, Naples, the service leaves much to be desired. Shameful conditions are found in one of the hospitals of Naples, where the patients nurse one another. In the last twenty years much has been done to improve the surroundings of the hospitals, but when will these most necessary reforms be made in the service? It is a question of the highest importance for the whole people: Of what use are hospitals if people will not go or stay there because they are badly treated?

"The service in private duty is even worse than in the hospitals and is in great need of improvement."

In the table of statistics Signora Celli gives the hours of work, the wages, the food, and the accommodations for nurses of some forty-five hospitals, with remarks on special points. For want of space we condense this. Six hospitals fix their hours of work at twelve. Several give from ten to fourteen. Several have irregular periods, as: first day, nineteen; second day, eleven; third day, eleven. The round is then repeated. Others of these arrangements are: first day, seventeen; second day, seventeen; third day, eight; fourth day, five; and



FRONT VIEW OF THE NEW HOSPITAL IN ROME



BIRD'S-EYE VIEW OF THE NEW HOSPITAL IN ROME

first day, thirteen; second day, eleven; third day, ten; fourth day, seventeen. Every four days one free. Another is: first day, seventeen; second day, twelve; third day, seventeen. Every three days one-half day and one night free. One or two models give a six and one or two an eight-hours' service, while one announces thirty-seven hours every third day! And another one, more inhuman yet, thirty to forty-eight hours consecutive service, and two others from twenty-four to forty-eight! The wages vary from what would equal two dollars per *month* (not week) to eleven dollars per month. Eighteen of these hospitals supply no food to their nurses; several give two meals a day; one, wine only. Some others give food by weight, while some others give them the patients' full diet. None of the meals sound over-abundant.

For sleeping-accommodations, seven hospitals give none. Of the others, the nurses are put up in numbers running from one in a room to forty-four in a dormitory described as "low and small." Several give the nurses small rooms in or near the wards.

Among the "remarks" are found such as this: "Every month eight to ten hours' rest," "every fifteen days three hours to go out," and one melancholy remark shows that the foundling asylums supply some of the material which grows up into servant-nurses.

At the time when this article was written these enslaved beings were unorganized and little provision was made for their future, but within the last few years they have formed organizations and have thereby in many details improved their conditions. They now have a journal called *L'Infermiere*, or monthly organ of the Italian Federation of men and women hospital nurses and masseurs, and their league included in 1903 some twenty-nine cities. In a number of this journal which Signora Celli was kind enough to give me there was an announcement of their first National Congress, to be held in Rome in March of this year, and the programme looked as though there were some bright and serious minds at work over their problems.

If this body of workers could little by little elevate their position and improve their rank and file it would certainly not retard and might hasten the coming of the educated nurse. These hospital servant-nurses could then become what their lack of education limits them to—excellent ward maids and orderlies, and, with an educated class of gentlewomen introduced as nurses, and the sisters left in charge of the housekeeping, which they do so well, the hospitals of Italy would rank with those of any country.

THE NEW POLYCLINIC HOSPITAL IN ROME

ROME has just completed a truly magnificent and model hospital, to accommodate twelve hundred patients and to unite in one all of the various clinics for the students of medicine which are now scattered over the city. It was not yet ready for the reception of patients in February, when we visited it, but was practically complete.

It is built according to the very latest dictates of science, and is not only hundreds of years ahead of everything else in Italy, but probably ranks with the few most complete and perfect hospitals in construction, sanitation, and practical detail. We know too that it will have medical science second to none, but the thought of the nursing it will probably have makes one sad, as one examines

the beautiful details and imagines the mussy slovenliness that will most likely prevail in the wards, for no suggestion of establishing a training-school suitable for this beautiful hospital had been made in the history and description of the hospital printed lately. It was projected in 1874 by Guido Baccelli, a minister of the government, and was begun in 1888.

The wards are situated, like the Johns Hopkins's, in the upper part of single pavilions, connected by corridors. The latter are three-storied, one underground being for service, the travel of food-carts, drug supplies, etc., the ground floor for the passage of the public, and the second floor for the patients. The main kitchen is in the centre of the general plan, and is fitted up with steam cookers of the latest German manufacture. The brass cookers are all suspended on a steel and iron circle in the middle of the room. Nothing touches the floor except the iron stoves with charcoal fires for broiling small meat, and the coffee-roaster with its charcoal bed, over which the coffee beans are hung in a revolving brass globe with an outer protecting shell, and the stove with its spit turned by a pulley-wheel, for roasting large meat over a charcoal fire, under a closed top and chimney hood. There is a very complete system of baths. Besides the small ordinary porcelain tubs for each ward there are special baths, alike for men and women. Of these, one is a deep marble pool, sunken in the floor, so that one goes up two marble steps and down five or six. It can give a complete immersion up to the neck, and is almost big enough to swim in. Then there are sitz-baths with spray douches—rectal, vaginal, spinal, and diaphragmatic. Either one or all of these at once can be given.

There is a skeleton bath, like a set of ribs, continued to the floor. The patient stands up in this while each rib sends forth a line of spray, and a rectal spray comes up from the floor and one from above comes down on the head. Then there are Turkish baths, ordinary sprays and showers, and a number of porcelain tubs. The mechanism for the special baths is all worked by a keyboard at one end of the room, where also there is a pressure-regulator and a thermometer to get the correct degree of heat wanted. All over the entire institution all the hot-water pipes are painted in blue, and the cold-water pipes in pink.

The wards, intended for eighteen beds, each have four small rooms as well, one of four beds and the others for a single patient, a little kitchen (and so pretty), and a small disinfecting-room of its own. This is for the first disinfection of clothing before sending to the laundry, and the disinfection apparatus, which stands in the middle of the room, first expels by means of a special extractor all the air contained in the interstices of the material, and then steams it. The soiled articles for the laundry (which is fitted up with the best steam appliances) descend through a chute into a receptacle.

The lavatories, water-closets, and slop-hoppers are very complete and convenient. A small room or closet is arranged near each ward for keeping the vessels in which are kept discharges for the physician to inspect. These vessels are placed in an iron casket which is in communication with the ventilating pipes of the drainage system. A granite bowl and drain-pipe in the same room receives these materials when they are to be thrown away. The walls of the room are faced half-way up with slabs of granite.

Details like this show that the practical details for getting work done have been very carefully thought out, and every department shows the same scientific forethought in all details, and the same perfect finish as to materials



ONE OF MISS BAXTER'S ITALIAN NURSES

used. It will be the greatest pity if it does not have a nursing service capable of appreciating it all and of keeping it in the exquisite order that it should be kept in.

HOW TO TRAVEL ON LITTLE MONEY

(Continued from page 481)

BAGGAGE.

ONE who wishes to travel abroad economically must establish a rigid system as to baggage. ("Luggage," the English call it most aptly, for new light shines on the word when one sees how it has to be lugged about.)

Baggage is a nuisance, however one fixes it. It is a nuisance to have baggage and it is a nuisance to have none. Those who travel with trunks have perpetual expenses and small annoyances. Those who go without have few clothes. However, the latter plan is more conducive to happiness if one wants to see the country at small expense.

There are only some inconsiderable districts in Northern Europe where one is allowed by the railroads enough free baggage to carry a trunk on one's ticket as we do at home. Almost everywhere trunks or boxes which are not carried in the hand are charged for by weight: at every starting-point they must be weighed and paid for, and this cost counts up quite alarmingly, even for small trunks, besides being a trouble. Then, as to hand-bags, if one has several, or large, heavy ones, it is not always possible to carry them oneself. The porters at the stations must help to carry them, and each time that a bag is picked up by a porter, if it is only for a few steps, he must be paid two or three cents for each article, and these little items count up, especially when one gets in and out of cars, boats, cabs, etc., a number of times in a day.

Therefore, clothing and belongings must be carefully planned on a small and simple basis, and it is surprising to see with what a small amount of baggage an experienced traveller can be comfortable and look respectable.

The economical traveller starts out with a simple, short, tailor-made or home-made dress of tweed or serge, of a color suitable for winter and summer, and with a coat to match. As hats take up room, none need be taken except on the head. It should therefore be simple and unpretending. A judicious variety of blouses—one of flannel, one or two of silk, and a couple of wash material—will give the needed change to the toilet. Then an extra wrap is always needed, and for rainy countries a waterproof of some kind. One lighter-weight dress skirt can easily be carried, even with hand baggage, to put on in the house.

No great supply of underclothing need be carried about, for laundering can always be done on short notice and is cheap. (It is not always fine laundering, so underclothes should be plain.) Worn-out garments can always be easily replaced. To be sure, one may argue that it costs less to take one's whole supply and pay the porter than to buy new ones here and there. For long stay, when one spends considerable time in one place, this holds good, but for continuous moving about and steady travel it is usually thought best to carry a light outfit and replace what is necessary. It is easier and pleasanter every way to be only lightly weighted with hand baggage; one can get in and out of cars more expeditiously, get settled more quickly and easily, and be much more independent of porters and cabmen. Cabs are cheap, to be sure, but street-cars are cheaper,

and I have seen travellers take everything needed for a three-weeks' jaunt in a bag which they could easily carry themselves.

For longer trips each person could carry one small grip or roll, and pack their other things into one or two larger bags, which could be given to the porter.

When it is necessary to take a trunk, this should be small and of convenient shape. It need not go everywhere the traveller goes, like Mary's little lamb, but can meet her at points where she intends to make a stay. All the railroads send trunks as slow freight, as well as by express, and the former is the cheapest way of getting a trunk about. It really costs very little (depending somewhat on the weight), and storage is only twenty-five cents a month. If one understands the language, one can attend to freighting the trunk oneself; however, as one must pay a cab to take her trunk to the station, it is just as cheap to have one of the transfer companies, of which there are several, do it, as they call for the trunk and deliver it.

So, then, with a trunk sent about by slow freight to meet one for prolonged stay, with a light-weight hand-bag which one can carry easily, and with the pieces which must be given to the porter as few in number as possible, the problem of baggage is reduced to its simplest terms.

LETTER

IN Rome and Naples I visited some of the dispensaries, as we call them, or "ambulatoria," as the Italian name is, for children. A number of these are entirely supported by private societies and individuals. In Rome Signora Celli goes three times a week to spend the day working in one of these dispensaries, where also one or two other volunteers go regularly to assist in making dressings, etc. A couple of nurses are engaged on the staff, and Signora Celli, being a graduate nurse, has general oversight. Several physicians are appointed, who attend every day, and a general clinic is held, all kinds of cases being treated. There is a bath, where the children can be bathed. Milk is also prepared under the physicians' directions and given to the mothers in certain cases, and they are instructed in the principles of feeding the children. (However, I have not seen any such complete plant for distributing milk for children, pasteurized or prepared according to special formulas, as those in Baltimore and New York under the Wilson Sanitarium management in the former, and the Good Samaritan Dispensary and Straus milk stations in the latter, but it would not be fair to compare with them these "ambulatoria," which are on a much smaller scale.)

There are also several beds for children who need to be kept for several days, and a nurse to take charge of them. The whole thing is established in an old convent which answers very well indeed for the purpose, and is situated in one of the poorest parts of Rome. It has a large service. There are five of these private ambulatoria for children in Rome, and all the money is raised by private endeavor. The American nurses in Rome told me that they often make bandages and dressings for this purpose when they are home from cases.

The one in Naples is quite unique, and could be so easily imitated that every settlement and district nursing centre at home ought to establish one. It does not take a general service, but specializes on rachitic children. The cases are selected by a physician and treated as long as he orders, then dismissed by him when proper to do so. He is not there every day, but comes at fixed periods.

The treatment consists of a daily bath, rubbing, cod-liver oil, and a meal of hot bread and milk, and it is wonderful to see the improvement in these cases.

One of Miss Baxter's graduate nurses is in charge of this work, with a couple of assistants. They have a suite of rooms fitted up for the work, with bathroom, kitchen, and a large waiting-room very cannily arranged, so that the mothers can help without being in the way. The mothers undress their own children, and hand them in turn through a large window opening into the bathroom. After the bath and rub are given the children are handed back through the window to the mothers, who dress them again. In this way the work can be put through very expeditiously. The bath is ordered by the physician. Some cases get plain and some salt hot baths. After all the baths are given the children are placed at a table and get first their prescribed dose of cod-liver oil or emulsion, and then their bowls of hot bread and milk.

The results are most satisfactory, and the nurses are enthusiastic over the work. The number of cases taken is limited by the money in hand, usually from fifteen to twenty-five cases in a day. With a larger income the society could enlarge its work greatly, as there is great demand among the poor mothers for this treatment, and many cases have to be put off.

L. L. D.



CONCERNING THE ETIOLOGY OF PERTUSSIS.—The *Interstate Medical Journal* says: "Reyher (*Jahrbuch für Kinderheilk.*, October, 1903) reviews the literature and reports the results of his investigations concerning the specific etiologic factor of whooping-cough. He is able to confirm the claim of Czaplewski (made in 1897) that the specific germ is a small, non-motile, short rod, with egg-shaped rounded ends, which, morphologically as well as tinctorially, somewhat resembles the influenza bacillus. Distinct differences in cultural growth, as well as in staining properties, serve to differentiate it from this germ, however."

HOW A PULLMAN CAR IS CLEANED.—The *New York Sun*, quoted by the *Medical Record*, says: "The management of the Pullman Company, in controversion of the recent criticisms of the sanitary condition of their cars, has sent out this statement of just what the process of cleaning a Pullman car is: As soon as a Pullman car arrives at its destination it is entirely stripped, the carpets are beaten and aired, and the interior of the car is thoroughly scrubbed with soap and water. The blankets are taken out of the car and are thoroughly blown out with compressed air at a ninety-pound pressure. It is impracticable to wash them after every trip, but they go to the laundry several times a year, which is oftener than is the case with hotel blankets. All linen is renewed each trip. Every case of sickness in a car, however trivial, is followed by the anti-septic cleansing of the section occupied by the sick person, and the entire car is sprayed with formaldehyde. As a further sanitary precaution, in the newer cars of the company purely decorative draperies are being omitted, and the necessary ones, such as berth curtains, are being made of a lighter material which does not hold dust or odors."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 11, 1904.

ABEL, ROSE E., transferred from the First Reserve Hospital, Manila, P. I., to the Base Hospital, Iloilo.

Call, Sylvia, transferred from the First Reserve, Manila, to duty on the Sheridan en route to the United States. Arrived in San Francisco April 15 and assigned to duty at the General Hospital, Presidio.

Fishtorn, Harriet, graduate of the Polyclinic Hospital, Chicago, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Flick, Lucile E. S., transferred from the First Reserve, Manila, to duty on the Kilpatrick en route to the United States via the Suez. Sailed March 26.

Harris, Margaret, graduate of the Jefferson Hospital, Philadelphia, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Hine, M. Estelle, transferred from the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal., to the General Hospital, Presidio, San Francisco.

Humphrey, Mary, graduate of the Episcopal Hospital, Philadelphia, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Keliher, Josephine F., arrived in the Philippines March 2; on duty at the First Reserve Hospital, Manila, awaiting permanent assignment.

Kelly, Lucy S., transferred from the Convalescent Hospital, Corregidor Island, P. I., to duty on the Kilpatrick en route to the United States via the Suez. Sailed March 26.

Krauskopf, Lilian (Mrs.), transferred from the Convalescent Hospital, Corregidor Island, to the First Reserve Hospital, Manila, P. I.

McInnes, Agnes, arrived in the Philippines March 2; on duty at the First Reserve Hospital, Manila, awaiting permanent assignment.

McKelvey, Mary, transferred from Corregidor Island, P. I., to duty on Kilpatrick en route to the United States via the Suez. Sailed March 26.

McNaughton, Bessie B., discharged, to date April 27, 1904.

McRae, Henrietta, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged, to date April 19.

Mills, Bessie, recently on duty at the General Hospital, Presidio, San Francisco, Cal., discharged, to date April 30.

O'Brien, Helen Grace, arrived in the Philippines March 2; on duty at the First Reserve Hospital, Manila, awaiting permanent assignment.

Purcell, Bertha, graduate of the Hahnemann Hospital, Chicago, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Reynolds, Katharine R., transferred from the Convalescent Hospital, Corregidor Island, P. I., to the Base Hospital, Iloilo.

Rohlf, Louise, arrived in the Philippines March 2; on duty at the First Reserve Hospital, awaiting permanent assignment.

Salter, Mrs. Marguerite, transferred from duty as chief nurse at the Convalescent Hospital, Corregidor Island, P. I., to duty on the Kilpatrick en route to the United States via the Suez. Sailed March 26.

Sweet, Agnes, discharged, to date April 23.

Van Derhoef, Ida E., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Sheridan en route to the United States. Arrived in San Francisco April 15 and assigned to duty at the General Hospital, Presidio.

Verdin, Clara A., arrived in the Philippines March 2; on duty at the First Reserve Hospital, Manila, awaiting permanent assignment.

Woods, Julia, transferred from the First Reserve Hospital, Manila, P. I., to duty on the Kilpatrick en route to the United States via the Suez. Sailed March 26.

Ziegler, Barbara, arrived in the Philippines March 2; on duty at the First Reserve Hospital, Manila, P. I., awaiting permanent assignment.



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

REGISTRATION IN NEW YORK

CERTIFICATES of registration are now being issued from the Regents' office at Albany, and the practical working out of the law is causing some excitement among those nurses who are not familiar with, or do not understand, the New York bill.

The most important feature about the New York law is that the training-school from which a nurse has graduated must conform *to-day* to the standards approved by the Regents before the graduate, no matter of how many years ago, can be registered. Schools from every State in the country *can* register. Many have done so, and applications are being received every day. It costs nothing and it gives the school and its graduates a standing that they have never had before.

Many schools that could not conform when the law was passed have improved their course to conform to the New York requirements—schools even as far away as San Francisco and Chicago. In this way the New York law is improving the standard of education for nurses all over the United States. There is a great desire being shown on the part of training-schools to make changes that are necessary in order to be registered in New York State, and there is still a year and a half in which those schools that cannot conform *to-day* can change their course of training. It does not have to be done in an hour.

Nurses who have applied for registration and who have been refused because their schools are not registered are naturally very much disturbed. It is not time yet to get excited. Perhaps the school has not been sufficiently interested to apply for registration, or it may need to make only very slight changes in its curriculum to be able to do so, and will come into line in a few months. Hospitals must be given time to meet such changes.

The thing to do when a nurse finds her application rejected because of the standing of her school is not to rail at the Board of Nurse Examiners, but to investigate the kind of training that the school is now giving its pupils. A training-school that cannot conform to the simple requirements of the Regents is, for these days, a pretty poor school, and its graduates can assist greatly in the work of elevating the standard of education in that school by insisting that the curriculum be improved and the school registered in New York State, so that they can be recognized and registered.

This is the way the law works in all the other professions. It is a great work, in which everyone can help, but we must all pull together. This is an unofficial communication—an effort to make the situation clearer.

SOPHIA F. PALMER,
President Nurse Board of Examiners, New York State.

THE PORTLAND CONFERENCE OF VISITING NURSES

DEAR EDITOR: The programme of the Portland conference is found in another column of this issue of the JOURNAL, accompanied by all necessary information for those who intend to be present on this important occasion. I cannot resist the opportunity, however, of adding a further word with the hope that it may perhaps enlist the attention of some who have not yet taken in fully what the Portland Conference of Charities and Corrections means to nurses.

The general conference will be preceded by two meetings specially arranged by request for the purpose of bringing together district and visiting nurses. It will form in reality the first conference ever held by this rapidly growing body of social workers; for while we speak of the work as visiting nursing, and in that term is implied only the care of the sick in their homes, what is of paramount importance in this work is not only the care of the sick, but the absolute necessity for considering and caring for the surroundings of the sick. The relation of the patient to his surroundings is the real point often upon which the whole matter rests, and to them, to their needs, possibilities, and resources in every direction, the true spirit of nursing should be extended and its wisest effort applied. To know just what is best to do under the difficult and varying conditions which surround the sick in their homes, so that the actual nursing care may not be wasted effort, is a subject large enough to occupy a great many great people the better part of their lives. Except in one or two instances the subject is not even considered in the work of training-schools, and at its best can merely be touched upon there, yet every district and visiting worker who thoroughly understands what she is about, and is anxious to take full advantage of her opportunities for social usefulness,—opportunities which I do not hesitate to say are unparalleled in the field of such effort,—must set herself diligently to work to study the problems of the life about her, of the poor and helpless among whom she works, of the community upon which she must depend for the final effectiveness of her labors.

Such problems may be studied in many ways: through reading, through observation, through courses of lectures and classes, and through contact with social workers in other fields. This last affords all opportunity for comparison and study of methods and seems to form an invaluable means of enlightenment, encouragement, and stimulus. It is this kind of an opportunity which the Portland conference presents to nurses, and of which I sincerely hope many will take advantage.

Such familiar names as Miss Jane Addams, Miss Julia Lathrop, Homer Folks, and Frederick Wines are found in various places on the programme, and the subjects they handle are such as every district nurse needs to know as much about as she can find out.

The programme for the Conference of Nurses will unquestionably be interesting and instructive, but when we add to this the privilege of listening daily to the most noted social reformers of our country, the occasion becomes for us one of no ordinary significance. Yours faithfully,

ADELAIDE NUTTING,

The Johns Hopkins Hospital, Baltimore.

DEAR EDITOR: I should like to bear testimony that there is at least one subscriber to the JOURNAL who does not think that there is "too much fine print, too many pages of editorial comment, or too much foreign news."

It will be conceded, I think, that the "multitude" of nurses are in the private field engaged in practical work, gaining fresh knowledge of methods with every new case.

What we do suffer from is the want of commerce of thought with our comrades and betters, the lack of time to gather from the medical press the items of most value to us, the lack of knowledge of what the schools and societies of our great profession are doing throughout the land, and the lack of opportunity to broaden our views and sympathies by the knowledge of what our sisters in the profession are doing in other countries.

Then comes the JOURNAL and supplies our need, and gives us a conception of our unity in practice and purpose which we would probably never have had without it.

I always read the large print articles but, very frankly, I enjoy the fine print best, and the element of personal interest therein is not to be discounted.

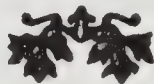
For instance: here is an announcement that a friend, highly regarded but lost sight of, has sailed for Japan; that a school from which some of our dearest friends have graduated has held most interesting graduating exercises; that one friend is married and another gone abroad, not to mention the reports of the meetings of the guild and the State association, which we could not leave our patients to attend, but which we are so glad to hear about, and the notice of work in a far mission field in which we have special cause to be interested.

From our own little corner of the world the JOURNAL opens a vista into the larger world, and makes us a part of it and gives us a voice. Please preserve the fine print.

SUSAN BARD JOHNSON.

98 CHARLES STREET, BOSTON.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



THE EXAMINATION OF STOOLS FOR SOLID BODIES.—Dr. Cross in a letter in the *Medical Record* suggests the following method of performing this process: "Take an ordinary flour-sifter with handle and wire crank, such as may be obtained at any housefurnishing store for fifteen cents. When needed, the sifter may be placed in a chamber, commode, or the bowl of a water-closet, the passage being deposited in it. It can then be set into a chamber and taken to a hopper, or where water can be allowed to run through it, at the same time the crank is turned gently. This quickly washes away the débris from the scybala, leaving only hardened material, such as gall-stones or foreign matter, in the sifter."

EDITOR'S MISCELLANY



PREVENTION OF BLINDNESS AT BIRTH.—This leaflet is issued by the Massachusetts Association for Promoting the Interests of the Adult Blind, which owes thanks for information and material to Henry J. Wilson, secretary of Gardner's Trust for the Blind, London; Professor Dr. Fuchs, Vienna; Professor Dr. Axenfeld, Freiburg, Baden, and Dr. John A. Tenney, Boston:

The inflammation of the eyes of new-born infants is a contagious disease, which can only be cured if taken in time and treated with proper care under a doctor's direction. Many thousands of children have lost their sight from this cause, and it has been found in England that thirty per cent. of the pupils in schools for the blind were blinded by neglect or wrong treatment of this disease.

The following directions for treatment are most important:

1. Immediately after the birth of a baby, before doing anything else, wipe the eyelids and all around the eyes with a clean, soft, *dry* linen rag, and soon after wash these parts with warm water.

2. Do not expose the baby to cold air, as cold is one cause of this eye disease.

The disease can be easily known by redness, swelling, and heat of the eyelids, and by the discharge of yellowish matter from the eye. *Immediately send for a doctor*, and keep the eyes as clean as possible by gently washing away the matter every fifteen minutes, both by day and night. *It is the discharge of pus that does the mischief.*

The washing is done thus:

1. Hold the eyelids apart with finger and thumb, and let a gentle stream of warm water run between them from a bit of fresh rag or cotton wool held a little above.

2. Then move the eyelids softly up and down and sidewise to bring out the pus from inside, and wash it off gently.

3. *The saving of the sight depends on the greatest care and cleanliness.*

Each rag must be used only once and then burned immediately; a separate rag must be used for each eye.

4. A little vaseline or lanoline should be occasionally smeared along the lids to keep them from sticking.

5. If only one eye is diseased, the child must be laid on the side of that eye, so that the pus may not flow over the nose into the other eye.

Since the pus is highly contagious, the nurse must carefully wash her own hands after touching the diseased eyes.

The poison of the pus is far more dangerous in the eye of the adult than in the eye of the infant.

Caution.—Do not use any lotions or poultices without the advice of a doctor.

EDITORIAL COMMENT



THE ALUMNÆ CONVENTION IN PHILADELPHIA

THE SOCIAL SIDE.

A COMBINATION of sunny skies, of balmy atmosphere, and hospitality unprecedented made the seventh annual convention of the Associated Alumnæ at Philadelphia a most brilliant occasion. We are at a loss for words with which to do justice to the social side of the meeting. The old Quaker City was seen at its very best; trees and shrubs were just putting on their fresh spring garments, and beds of gay tulips and other early flowers, with the freshly filled window gardens, gave the city a gala appearance.

Very careful provision was made for the guests to see the points of historical interest in the city under the most favorable conditions, and the receptions and teas given by the different hospitals, together with the visit to Girard College, the tally-ho ride and supper at the Episcopal Hospital, and the superb banquet given by the nurses of Philadelphia at the Roosevelt, rounded out a week of rare pleasure.

The dinner, which was given on Friday night, was very largely attended, the banquet hall being filled to its greatest capacity, many guests having to be seated in the adjoining rooms.

Miss Goodrich, of the New York Hospital, was the toast-mistress, and her graceful and witty introductions were greatly enjoyed. The speakers were Miss McIsaac, Mrs. Robb, Miss Shaw, Miss Palmer, and Miss Russell.

It is only upon such occasions that one sees numbers of nurses free from professional care, arrayed in dainty garments, giving themselves up to the enjoyment of the hour, when the superior intelligence and poise shown in their faces is a tribute to the earnestness and discipline of the manner in which they live. Seen under such conditions, time seems to have dealt very gently with this great body of workers.

The magnificence of the banquet hall, with its brilliant decorations of crimson and white, the beauty of the flowers, the daintiness of the repast, and the inspiring music, united with the spirit of good-fellowship, with no end of fun and laughter, to make the occasion one long to be remembered.

THE BUSINESS MEETINGS.

The full reports of the business proceedings will be published in the July number of this JOURNAL, and will include all addresses and papers read with the discussion, and the constitution and by-laws as finally amended and adopted at this meeting. The entire July number will be used for this report, and will contain a wealth of interesting matter.

The completion of the by-laws, which have been under consideration for so long, will simplify the work of the society very much. State societies are admitted to membership with one delegate at large, thus providing a means for the affiliation of the States through the Alumnæ. This is considered to be only

a temporary arrangement until such time when State organization is universal, when reorganization will again be necessary.

THE JOURNAL OWNERSHIP.

The question of the JOURNAL ownership by the Associated Alumnae was given very careful consideration. The majority of the associations reported unwillingness to undertake the full financial responsibility, but were in favor of buying up the stock in the JOURNAL Company now available, and gradually acquiring such shares as might from time to time be for sale. This would seem to be a judicious decision, as in this way no radical changes need be made in the present management, while the Associated Alumnae will gradually acquire a voice in the affairs of the JOURNAL, with which interest a sense of responsibility will be aroused, and as the association gains in strength and business knowledge it will be in a better position to assume the complete management of the magazine.

The question of some form of affiliation with the National Red Cross Society was referred to a committee with power to act, of which Miss M. M. Riddle was made the chairman.

The meetings, taken as a whole, were exceedingly harmonious and the delegates came much better instructed than ever before—a line of progress which promises much for the future welfare of the society, especially as the majority of the delegates were the younger women in the profession, the older women being fewer in number than usual. It was noticeable, in the election of the Board of Directors, that where the candidates were composed equally of superintendents and nurses in private practice, that a majority of those elected were superintendents, showing, we think, a disposition on the part of the members to still rely upon the leadership of the teaching body rather than assume the undivided responsibility themselves.

A QUESTION OF COURTESY.

The meetings closed, however, with one unfortunate episode that we feel should not pass without comment in these pages. It will be remembered that the secretary and treasurer of the association, Miss Thornton and Miss Healy, have served since the society was inaugurated eight years ago, and the work that they have done, without compensation, has been perfectly colossal, incomprehensible, perhaps, to those not actively engaged in alumnae work. The Nominating Committee in making its report did not include in the ticket the names of these two officers.

We do not question the right of the society to change its officers as often as it likes, or the privilege of delegates and members to cast their ballots for such candidates as they prefer, and we are a most hearty advocate of the American principle of government by the majority, but we think courteous consideration should be shown to “those who have been doing our work.” If in the estimation of a committee the time has come for a change of officers, a more kindly way would be to put strong candidates into the field to run in opposition to them, and let it be the “voice of the people” that decides whether changes are desirable or not. As it was, so great was the feeling of indignation, nomination of both of these officers was made from the floor, and they were reelected by a large majority.

Rotation in office is desirable, and anyone may at any time reach her limit of usefulness to the society, but after accepting service from an officer for a

long term of years her rejection should be made with as little pain and humiliation as possible.

TO MEET IN WASHINGTON.

The meeting next year will be held in Washington, which place was decided upon after some discussion. The fact that the Superintendents' Society is to hold its next meeting in that city the coming January raised the question of the wisdom of taxing the Washington members with two large conventions the same year, but the Washington delegates pressed the matter and their invitation was finally accepted, with the understanding, however, that social functions were to be limited.

In Washington there is so much of public interest in the Government buildings—the Capitol, the White House, Mount Vernon, the National Cemetery at Arlington, etc., etc., that it would seem entirely unnecessary to provide entertainment that would tax either the time or the finances of the Washington nurses. In fact, it is time we called a halt on the elaborate and costly entertainments, that have increased in late years, both in number and lavishness, for although so delightful to the visiting members, we know such entertaining must be a great tax upon the members whose guests they are, and there is no more fitting place to commence such retrenchment than at the National Capital.

OUR DANGER IN POLITICS

IN the last number of the JOURNAL mention was made in this department of the political pitfalls, which seemed to be increasing in number and character in different sections of the country. Since the publication of that issue the New York State Nurses' Association has held its annual meeting, and a circumstance in connection with it is of too serious import to be allowed to pass without condemnation.

Mention has been made in the JOURNAL from time to time of the organization of the New York County Registered Nurses' Association. New York City has needed for many years a large general nursing club of some kind that would bring the graduates of all the schools together to deal with problems of local interest, which would result, naturally, in the breaking down of school lines, the existence of which in any city is an obstruction to professional development.

This New York County Association is a progressive step, but we were greatly disappointed when we found that instead of a society composed of many hundreds of individual nurses, it was in reality only an affiliation of the *alumnæ* associations and clubs already existing, with individual members as well—a duplicate in form of the State society.

In the formation of State or national organizations, to facilitate the transaction of business and from motives of economy, it is necessary that the members should be delegates from organizations, county societies and *alumnæ* associations being the form most familiar, but these local organizations usually represent individual membership.

New York City nurses claim that because of its great size and the large number of nurses located within its borders individual membership alone would be impossible, and that representation from the existing organizations is the only plan upon which a county society could be formed.

A very ingenious arrangement was devised by which the *alumnæ* associations, having withdrawn from direct membership in the State society, were to nominate

their own delegates to the State meetings, to attend, however, as delegates from the county society, and in this way retaining their individuality in dealing with State problems. This plan seemed to contain nothing in any way injurious to the State work. It was, therefore, something of a surprise to many members of the State society, as well as to those watching the broad organization movement throughout the country, that after having been accepted into membership in the State society the county association presented one delegate carrying seventy-nine votes, representing its enormous constituency of seven hundred and ninety members, at the annual meeting in Albany.

Fortunately, the by-laws being under consideration, an amendment was proposed and carried limiting the constituency which any delegate should represent to one hundred nurses; in other words, that no delegate from any organization represented in the State Society should carry more than ten votes to a meeting. With such a constituency as the New York County Association expects to have, of at least a thousand nurses affiliated, with one delegate carrying one hundred votes, every problem which would be presented for consideration, every motion that would be made, would be controlled absolutely by the New York County organization.

This danger has been averted for the time being. Our criticism is not of what was done, but of the spirit which was shown by the leaders being willing to adopt a plan which might, in the hands of an unprincipled administration, dominate and control the affairs of the State. We cannot believe, knowing the women whose names are associated with this movement, that a desire to dominate was the motive; it would seem to have been more from reason of convenience and economy.

The explanation is made by one of the most active promoters of the county organization that many of the affiliated societies did not elect their delegates, and that this decision to be represented by one delegate was intended as a temporary arrangement for "official purposes" only.

We think it would not be possible to find one hundred women in any city who could be induced to see any one subject from the same point of view, even if they were sent as delegates from the same society, unless they were organized into a complete political "ring," but one delegate carrying one hundred votes would have the controlling voice in every measure voted upon and would make any society organized upon such lines a menace to the organization work, not only of the State but of the entire country.

If the action of the New York County Society was the result of thoughtlessness or from the lack of appreciation of its responsibility to the State, we repeat, the principle is equally bad, and should be condemned and resisted as threatening a kind of political monopoly disastrous in its consequences.

TO NEW YORK STATE NURSES

MUCH consternation is being felt by those nurses who have applied for registration under the Regents, and have been informed by the office at Albany that they cannot be recognized because the school from which they have graduated has not been approved by the Examiners. In most cases this is not cause for alarm. Many schools have not taken the trouble to apply for registration. Some have been rejected because of their inability to comply with some one of the requirements, but will be recognized if they do comply before January, 1906,

when the graduates will be given recognition. Remember, this is what our bill calls for, the approval of the training-school as maintaining proper standards before the graduates can be registered. It is one thing on paper and quite another matter when we feel the practical result. It is only in this way that a uniform minimum standard of education can be established. Just don't get excited, but when you find that your school is not eligible demand of the *managers of the school* the reason why, and insist that the school conforms to the simple, practical standards of education demanded. In this way you will be helping the Board of Examiners, whose effort is to carry out the letter of the law which you have helped to pass. There is plenty of time for such adjustment. No one supposed it would be all smooth sailing, for if there had not been irregularities we would not have needed protection. Schools from all over the world are registered with the Regents; it costs nothing, and such registration gives recognition to the graduates. Insist that your school comply with the requirements and is registered. This is work for your alumnae association. Miss Palmer's letter on page 740 may make the situation clearer to some, and a full report of the progress of registration may be looked for in August.

THE CONFERENCE OF VISITING NURSES

WE wish to call the attention of our readers who are especially interested in the work of visiting nurses to Miss Hitchcock's announcement in the Official Department of the programme of the Portland conference, and to Miss Nutting's letter on the same subject.

These two communications leave nothing further for us to say more than to emphasize the fact that there is wonderful inspiration and help to be obtained from such conferences, where one meets those engaged in the same line of work as ourselves. We would say to visiting nurses generally, attend this conference if you possibly can.

MISS SAMUEL'S PAPER

MISS SAMUEL has given in this number a very attractive account of "Stony Wold," and her suggestion that provision be made at this mountain resort for members of our profession who have fallen the unfortunate victims to tuberculosis is one that should be seriously considered by our readers. The committee forming in New York City is composed of reliable women, and Miss Samuel will be very glad to give further information in regard to the details of the plan.



SEVENTH ANNUAL CONVENTION

OF THE

Nurses' Associated Alumnæ
of the United States

HELD IN

DREXEL INSTITUTE

PHILADELPHIA, PA.

May 12, 13, and 14, 1904



MINUTES OF THE PROCEEDINGS

HONORARY MEMBERS

FLORENCE NIGHTINGALE (elected into the association in 1899).
MRS. W. BAYARD CUTTING (elected into the association in 1900).
MRS. WINTHROP COWDIN (elected into the association in 1899).
MRS. WHITELAW REID (elected into the association in 1899).

OFFICERS FOR 1904

President.

MISS MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

First Vice-President.

MISS ANNIE DAMER, Out-Patient Department, Bellevue Hospital, New York.

Second Vice-President.

MISS MARGARET M. WHITAKER, 1902 Green Street, Philadelphia, Pa.

Treasurer.

MISS TAMAR E. HEALY, 160 Joralemon Street, Brooklyn, N. Y.

Secretary.

MISS MARY E. THORNTON, 120 East Thirty-first Street, New York City, N. Y.

BOARD OF DIRECTORS

For three years.

MISS ISABEL McISAAC,

MISS M. A. NUTTING.

For two years.

MISS PAULINE L. DOLLIVER,

MISS M. E. SMITH.

For one year.

MISS ANNIE W. GOODRICH,

MISS NELLIE M. CASEY.

COMMITTEES

Nominating Committee.

MISS CAROLINE J. MILNE,

MRS. HARRIET HIGBEE,

MISS SARA A. BOWEN,

MISS S. H. CABANISS,

MISS RUDDEN.

Committee on Arrangements.

MISS NEVINS, Chairman, The Garfield Memorial Hospital, Washington, D. C.

Committee on Ways and Means for Acquiring Journal.

MISS DAMER,

MISS FREDERICK,

MISS GOODRICH,

MRS. ROBB,

MISS GREENLEES.

STANDING COMMITTEES

(To be appointed.)

Eligibility—

Programme—

Publication—

Census Committee.

MISS A. J. GREENLEES, Chairman.

Delegates Registered

June 12, 1904

TRAINING-SCHOOL ALUMNÆ OF THE	
Allegheny General	Miss NELL F. PARRISH (2 votes).
Augustana, Chicago	" HILMA O. JOHNSON.
Baltimore City	" SARA WARD.
Bellevue, New York	{ Mrs. MARY BOHLING. Miss ANNIE DAMER. " MARY C. MARKHAM. " ANNIE RHODES.
Boston City	{ " SARA A. BOWEN. " ELIZABETH C. FAIRBANK. " EMMA J. JONES. " M. EVA MOORE. " JULIA E. REED. " H. JOSEPHINE SHEPHERD.
Boston and Massachusetts General	{ " ESTHER DART. " ANNIE A. HINTZE (4 votes).
Brooklyn	{ " ELIZABETH DEWEY. " MATILDA HOLLIS.
Brooklyn Homœopathic	" ESTHER J. McLURE.
Buffalo General	
Chicago Baptist	
Children's, San Francisco	
Columbia and Children's, Washington	" PERON E. JENNINGS.
Erie County, Buffalo	Mrs. GUSTIN WELCH.
Farrand, Detroit	{ Miss EMILY A. McLAUGHLIN. " ROSE SMITH.
Freedmen's, Washington	Mrs. SARA L. FLEETWOOD.
Garfield Memorial, Washington	Miss MINNIE PAXTON.
German, New York	" EMMA DUENSING.
Germantown, Philadelphia	Mrs. HARRIET L. O'DONNELL.
Grace, Detroit	Miss JESSIE LENNOX.
Hahnemann, Chicago	Mrs. HARRIET HIGBEE (1 proxy vote).
Hahnemann, Philadelphia	Miss LOUZETTA E. CORNISH.
Hartford	" HANNAH L. RUSSELL (2 votes).
Hope, Fort Wayne	" ALICE M. McCULLY.
Hospital of the Good Shepherd, Syracuse	" EDITH W. SEYMOUR.
House of Mercy, Pittsfield	
Illinois, Chicago	{ " MINNIE H. AHRENS. " GRACE E. BAKER. Mrs. HARRIET HIGBEE. Miss HELEN W. KELLY. " MATHILD KRUEGER. " MARY C. WHEELER.
Jewish, Philadelphia	" REBECCA R. HALSEY.
Johns Hopkins, Baltimore	{ " ANNA M. FRENCH. " EDITH MADEIRA. " M. GRACE O'BRYAN. " GEORGINA ROSS, " MARY A. NUTTING (2 proxy votes).
Kings County, Brooklyn	" MARGARET BRENNAN.
Lakeside, Chicago	
Lakeside, Cleveland	
Long Island College, Brooklyn	{ " ANNA DAVIDS. " LUCY M. SARGENT (3 votes).
Maine General, Portland	" LILIAN BROWN.
Maryland Homœopathic, Baltimore	" SALLY LUCAS JEAN.
Massachusetts Homœopathic, Boston	{ " JENNIE A. BREED. " JENNIE CHADBOURNE.
Mercy, Chicago	" HELEN W. KELLY (1 proxy vote).
Methodist Episcopal, Brooklyn	{ " LILLIAN L. WATERMAN. " WILHELMINA MURRAY.
Michael Reese, Chicago	" MINNIE FAY.

TRAINING-SCHOOL ALUMNÆ OF THE	
Mt. Sinai, New York	Miss JENNIE GREENTHAL (2 votes).
Newton	" THEODORA CHASE.
New England, Roxbury	Mrs. MARY C. HALL (2 votes).
New Haven.....	" ISABELLA A. WILCOX.
New York.....	{ Miss MATILDA A. FREDERICK.
	" ANNIE W. GOODRICH.
	" MARTHA M. RUSSELL.
	" MARY A. SAMUEL.
New York City.....	" ALICE I. TWITCHELL.
	" ELLA V. BURR.
	" J. AMANDA SILVER.
New York Post-Graduate.....	" IRENE B. YOCUM (4 votes.)
	" SARAH J. GRAHAM.
Old Dominion.....	" JANE E. VAN ZANDT (3 votes).
	" A. GULLY.
Orange Memorial.....	" JANET M. HOULDEN.
	" CORA H. SWAN.
Paterson General.....	
Pennsylvania, Philadelphia.....	" LAURA J. ALLEN.
	" ALICE J. MOONEY (3 votes).
Philadelphia	" MOLLIE MALLOY.
	Mrs. WARMOUTH.
Pittsburg Homœopathic	Miss WILHELMINA DUNCAN.
	" IDA F. GILES.
Presbyterian, New York.....	" JESSIE A. ALLEN,
	" MARGARET A. BEWLEY (3 votes).
Presbyterian, Philadelphia.....	" CAROLINE J. MILNE.
	" LILLIE L. WARDELL.
Protestant Episcopal, Philadelphia	" REBECCA JACKSON.
	" GEORGIANNA KITCHEN.
Provident, Chicago.....	" FANNY C. BOHLING.
Reading	" CONSTANCE V. CURTIS.
Rhode Island, Providence.....	" MARY C. FALCONER.
	" MARIETTA C. GARDINER.
Rochester	" MARIE E. PHELAN (2 votes).
Rochester Homœopathic.....	" JULIA E. BAILEY.
Roosevelt, New York.....	" GRACE ARNOLD KNIGHT.
Salem.....	" MARY B. SYMONDS.
St. Joseph's, Chicago	" SUSAN CROWE.
St. Joseph's, Paterson	
St. Luke's, Chicago.....	" HELEN BALCOM.
	" MARY JANE McCOY.
	" ELLEN STEWART.
St. Luke's, New Bedford	" LEONILDA F. LOWRY (proxy vote).
St. Luke's, New York.....	" MARY K. SMITH.
	" REBECCA B. TOUPET.
St. Luke's, St. Paul.....	
St. Luke's, South Bethlehem.....	" SUSAN G. PARISH.
St. Mary's, Brooklyn	" MARGARET McCARTHY.
Toledo.....	" KATHARINE MAPES.
Union Protestant Infirmary, Baltimore.....	
University of Maryland, Baltimore	" GRACE L. DUNDERDALE.
University of Michigan, Ann Arbor	
University of Pennsylvania, Philadelphia.....	" MARTHA E. BROBSON.
	" CAROLYN T. DUNN.
	" LYDIA A. GIBERSON.
Virginia, Richmond.....	" AGNES D. RANDOLPH.
Western Pennsylvania, Pittsburg.....	" ELLEN M. HUNT.
Wilkes-Barre	" MARTIE B. SLY.
Worcester City	" R. L. CAMERON.
	" RACHAEL A. METCALFE.

ASSOCIATE MEMBERS

TRAINING-SCHOOL ALUMNÆ OF THE	
Faxton, Utica.....	
Methodist Episcopal, Philadelphia.....	Miss ANNA H. WETHERILL.
North Adams.....	" JEAN W. NELSON.

Total, 80 Societies ; 103 Delegates ; 115 votes. Proxy votes, 5.

THE PROCEEDINGS OF THE SEVENTH ANNUAL CONVENTION

PHILADELPHIA, MAY 12, 13, AND 14, 1904

First Day, Thursday, May 12, 1904.

One P.M.—Presentation of credentials, registration of delegates, and payment of annual dues.

At three o'clock the president took the chair, saying: "The hour has now arrived when we should begin our meeting. We will open this, the Seventh Annual Convention, with prayer by the Rt. Rev. O. W. Whitaker, Bishop of the Diocese of Pennsylvania.

Invocation. The RT. REV. O. W. WHITAKER.

PRESIDENT.—We are unfortunate in not being able to present to you Dr. MacAllister, who was to welcome us to Drexel Institute this afternoon, but on account of illness he is absent. I therefore ask Miss Whitaker, chairman of the Committee on Arrangements, to give us a few words of greeting from Dr. MacAllister.

MISS WHITAKER.—I am very sorry to say that Dr. MacAllister has been very ill for several weeks, and he has requested me to say that he regrets exceedingly that he is not able to be here for the opening of this convention this afternoon, and he bids me tell you that you are most heartily welcome to Drexel Institute and that he will do all in his power to make your visit here a pleasant one. Through the courtesy of Dr. MacAllister, the trustees of the institute have given us the use of this building for our three days' convention, and the picture gallery and the museum will be open for your inspection.

ADDRESS—MISS MARY M. RIDDLE, PRESIDENT.

"It gives me very great pleasure to again open your convention.

"At this, our seventh annual meeting, we hope to redeem our obligations to our profession in *general*, and in *particular* to that great body we represent, the Nurses' Associated Alumnæ of the United States.

"We are here assembled to renew our acquaintance with one another and to welcome the new associations that have joined our ranks since last we convened, and as we extend to them the right hand in greeting, we do not hesitate to offer a portion of the work we bear in the other hand.

"Many problems call for our earnest and thoughtful deliberation, and judging from the audience before me, I conclude that the local alumnæ societies realized this and sent a full representation to attend to the work before us.

“May we spend our time wisely, may prudence dictate our decisions, and may success crown our efforts.

“If we bring to bear upon our unsolved problems a harmony of spirit, a unity of purpose, a concentration of attention, a willingness for details, and a painstaking perseverance to the end, our success is well-nigh assured.

“We have rejoiced year after year in the praises that have been bestowed so freely upon us; we have been proudly conscious of our achievements, and perhaps with some slight reason, but a time has now come when we cannot afford to relax our efforts, when to spend the moments in congratulations may lose to us the chance for much that is before us.

“The times are ripe. Never had we such opportunities for the fulfilment of a high destiny. Never before was it so perfectly evident to members of the nursing profession that we must work out our own salvation, that we must work it out to certain ends, that we must control the currents or be controlled by them. Never before has there been such need of concerted action; never a time when necessity so loudly demanded that we should stand close together. Then let us close up, and so surround our common enemies—prejudice and ignorance—as to completely vanquish them.

“Doubtless there will come retrogressions, as there have come to some of us during the year in our efforts for State registration; such obstacles will not, however, be allowed to stop progress, but rather be a stimulation to new activities.

“Perhaps the question now most thoroughly enlisting the attention of nurses all over the land is that of registration by the State. The manner of its accomplishment in the various States depends upon the laws and customs of those States.

“It is difficult in one State because the Executive fears to sanction the law lest it give too much power to a body of women; it is restrained in another by reason of the jealousy of a commission, created for a wholly different purpose, that sees in the passage of the nurses' bill an opportunity for widening its own sphere, and sees it so plainly as to have an influence with legislators and cause grave fears among the nurses that their bill might become a law, and that they might be placed under a commission which would render their position in the State much less desirable than before. So grave were the fears of those nurses that a small, self-constituted committee sought an interview with his Excellency the Governor and expressed to him the hope that he would kindly veto their bill if it were presented to him during the present session of the Legislature, with the result that that bill is laid over until another year. Thus might be repeated instances of

struggles, successes, and defeats wherever nurses are working for State registration, but we hope you will have presented to you reports of the progress made by the State associations, and these instances serve to illustrate and prove the need for work by everyone.

"It would seem that the time for advocating the necessity for State registration has passed; but evidently it has not, or every nurse in the United States would be found working for it. Realizing this fact, your Executive Committee decided to devote a large part of the programme of this convention to that subject; and therefore you will have its principles presented to you from points of view both old and new, all of which you are urged to earnestly consider, judiciously weigh, and conscientiously practise in your homes during the coming year. We hope you will be told how best to secure legislation; but if you are not, you can at least make your own deduction from the reports of State associations. We trust you may hear something of the progress of the preliminary course for nurses as inaugurated by other educational institutions. The preliminary course has had its advocates in several of these conventions, and we know that it continues to interest many of our members, but the rate of progress has not been greatly accelerated during the past year largely because managers of technical schools and those advocating the course from the nurses' standpoint fail to meet on common ground. Doubtless concessions will have to be made by both before much can be accomplished. Something has been done by way of demonstrating to one woman's college that the nurses are fully aware of their needs and that no one outside the profession can possibly know those needs or dictate them as well as they.

"Patient, persistent effort has been made and must continue to be made if the hoped-for results are to be attained, and in no way at the present time can our perseverance be better shown than by a constant demand for this part of a curriculum for nurses.

"When we consider what has been accomplished by a few women of our own profession, when we note the success that has been attained in certain lines of work, we grow hopeful and are ready to say, 'If no school or college is willing to take this up for us, why should we not take it up for ourselves?' Is it too much to expect of us? Would it be so much more difficult than what has already been done? Are you prepared to give your earnest thought to it? At least, are you ready to select those who will study the possibilities of such a departure from the old, familiar ways? The time has now come when even the most conservative of our training-schools are ready to coöperate with any scheme which promises them better material as pupils, and if State registration does all that its friends hope it will do, they will of necessity be found even more willing to coöperate.

"It may sound wild and chimerical, but not when viewed by the light of the history of nursing in this country for the last ten years, during which time one experience has crowded upon another with great rapidity, as witness the growth of this very association, the institution of the course for nurses at Columbia College, the establishment of State registration for nurses in many States, the success of that enterprise especially dear to every alumna—THE AMERICAN JOURNAL OF NURSING.

"We can take with us into our consideration of the question this fact—that in the material things of life those who have conquered have always been they who have ventured into the unknown. Of one thing we may be sure—the preliminary course for nurses is bound to be established sooner or later, and if we do it ourselves, we believe it will be well done.

"A very real indication of the trend of public opinion towards the importance of the nurse's work is found in the prominence given it wherever philanthropic or social workers meet in council, an illustration of which will be seen when the National Conference of Charities and Correction is held in Portland during the week of June 15 and gives a large part of its time and programme to the work of the visiting and district nurses; and this is given to the nurses themselves, the practical workers, and not, as is often the case, to the managers, or those who merely support the work by their contributions of money.

"We shall also have another fine illustration of this fact when the International Council of Women meets in Berlin next month for the consideration of ways and means for the betterment of humanity, and gives largely of its time and space to questions which pertain to the work of the nurse. Loyal, energetic women all over the world are thus banded together for the promotion of the common weal. The very contemplation of the idea is an incentive to all to gird on the armor a little more securely, for in such work we delight to have a place. The Empress of Germany has graciously consented to be the honorary chairman of the congress, and together with other members of the royal household will attend the meetings and otherwise show her sympathy for the work and workers.

"We, through our membership in the American Federation of Nurses, belong to the National Council of Women and thus to the International Council. We are to be represented in the congress in Berlin, where energy of mind, genius, power, will speak in many tongues which the world will hear and heed.

"It will be our pleasure later, in convention assembled, to send to them some greeting, not merely that our delegate may have a more salutary introduction, but because we wish to show our sympathy for

that great body of women, 'endeavoring to comprehend in all its magnitude, and to feel in all its importance, the part assigned to them in the great drama of human affairs.'

"That they may arrive at conclusions which shall formulate plans for the continued betterment of mankind is our earnest hope and sincere belief; for they, by their works and influence upon affairs,—local, national, and international,—have gained a vantage-ground from whence success must be eventually won.

"As a convention we have among the obligations devolving upon us that of reconstructing the by-laws governing the conduct of this association. Happily, the constitution was fixed last year. Doubtless most of you have given the matter some thought and gained much information, as opportunities have been presented you for so doing in your own nursing JOURNAL.

"You will recall the eloquent appeal made in our last annual meeting for the continuance of high standards in the Associated Alumnae, also the fact that the appeal was appreciated and sanctioned by the assembly.

"Your committee will place in your hands for your approval or otherwise the by-laws as reconstructed by them. The question of eligibility for membership is the one of paramount importance. It would be our pleasure to provide for the membership of all organizations working for the uplifting of the profession, but in this great care and discrimination must be exercised lest we present the spectacle of descending to a lower plane instead of encouraging our co-workers to rise to ours. Experience has taught us that we gain much by insisting upon the inauguration and maintenance of high standards. The curriculum of more than one school has been improved and extended to meet the requirements for membership in the Associated Alumnae. Our organizers foresaw the wisdom and necessity of such a course when they conceived the plans for the construction of this great body.

"It is not ours in this day to organize, but it is our great duty to preserve the well-tried and useful methods and, if possible, improve them. It is our duty to develop all our resources and assist others to know and develop theirs. If they can best do it by membership in the national body, it should be our esteemed privilege to extend to them our aid, not by the lowering of all barriers, but by showing them how the barriers may be surmounted.

"You will have presented to you the work of another committee—namely, that on 'periodicals.' An analysis of the work of this committee in the remote past is unnecessary—you see it in the valuable organ, the ownership of which it may be your pleasure as an association to acquire. The possibility of this action has been before you

during at least one whole year, therefore it is expected that you come here qualified to act your part according to the wishes of the local body you represent.

“The struggles of that committee in its early days would be interesting to you if recounted, the fearlessness of the spirit of enterprise would entertain you if described, but it might not materially aid you in your present duty, which is to consider the committee’s report and the ways and means for the Associated Alumnae to obtain the financial ownership of *THE AMERICAN JOURNAL OF NURSING*. Doubtless you have solved the question of our present form of incorporation permitting such ownership and are convinced of the legality of such procedure.

“Most of the work, as you see it mapped out for us, affects us either as a body or as individuals; in it all we have made very little provision as an association for any means of aiding in the promotion of the general welfare.

“For years we have as a nation been comparatively tranquil; we have been agitated by no mighty revolutions. Other continents have had their thrones shaken, while the foundations of our national power remain firm. We trust it may be ever thus; we hope that the light of peace may be ever upon us; that the products of our toil may be abundant; that dread epidemics may not stalk abroad slaying our beloved first born; that flood and fire may not sweep over our land to lay it waste and spoil the form of its fair face.

“May it never be ours to meet war or famine, pestilence or fire, flood or drought; but, should any of these grave disasters attend upon us, shall we be found unprepared? We shall never as a nation be *wholly* unprepared. Our national resources and our loyal love of country preclude such a possibility, but sufferers there will always be, disasters will occur even in isolated places; war will threaten and necessity may demand that we withhold not ourselves from it.

“How then can this great body of serving-women best serve its country and its country’s people when put to such straits? Individuals among us have always been found who would respond to the needs of our fellows—may their number increase and likewise their strength! But the charge has been made, and with some show of justice, that as a body of professional women we respond slowly—we are commercial, we receive more willingly than we give. Indeed, one famous for his good deeds in that profession whose handmaidens we delight to be, as well as for his faith in the work of the nurse, has said that until we eradicate this failing we can lay small claim to the assumption that ours is really a profession. However disputed that point may be, it still remains true that we often miss our opportunities for identification

with the world's great philanthropies. Is it not time that we should, and may we not here decide to, reverse our methods, and place ourselves on record as being organized for response to any call that may come to us to aid humanity in any needed way?

"We have in this country an organization known as the National Red Cross Society, with whose name at least we are familiar, but whose plans for work we do not always comprehend. Our idea would be to ally ourselves with this national body for practical purposes.

"Unhappily, the Red Cross Society is not at present able to do much work,—it being in a process of reconstruction,—but it will eventually be as effective as any society of its kind in any other nation in the world.

"So strong was the conviction that nurses should be awake to their opportunities and responsibilities in this direction that an informal committee visited in Washington, last winter, members of the Red Cross Association in high official position and placed the matter before them. The suggestions of the committee were welcome, and it was advised to make preparations for the work, with the promise that an opportunity would be given the nurses for rendering their service whenever the demand for such service should arise, and with the further promise that if there were then no Red Cross Society with which they could be allied there would be some organization equally effective.

"This concession was made because of the very evident fact that neither distinction nor position, neither money nor any other emolument, was sought, but simply an opportunity for work in the most practical and effectual manner. Therefore the appeal is made to you to consider the advisability of getting into form for such work. It is made to *you* because *you* are the rank and file of the nursing profession in this country, and without you nothing can be done, upon you must the dependence for service be placed.

"Let us be personally indifferent whether this new work be inaugurated under the auspices of the Associated Alumnae, or the American Federation of Nurses, or some other nursing body: thus shall we prove the sincerity of our request for *only an opportunity to serve*. 'Let our conceptions be enlarged to the circle of our duties and opportunities.'

"Then shall we fulfil one of the avowed purposes of our being.

"It is indeed a pleasing reflection that for the consideration of these vital questions we are fortunate enough to meet in this grand old city of 'Brotherly Love,' with its history as the centre of wise deliberations in the past. We gather courage and inspiration from the contemplation of what our fathers here accomplished, and we would

show forth our gratitude to the friends who made it possible for us here to assemble and who have to-day offered us kindly greeting and hospitality.

"May we reward them by pursuing diligently the great objects we have before us, that they may be able to say in the future, *here* were inaugurated schemes for the betterment of humanity and the uplifting of an honorable profession.'"

PRESIDENT.—We will ask Miss Whitaker to give us the report of the Committee on Arrangements.

Miss Whitaker reported as follows:

"The Board of Trustees of the Drexel Institute, through the courtesy of its president, Dr. James MacAllister, having kindly granted the auditorium, lecture-room, and other facilities for the use of the association. The library, museum, and picture-gallery will be open after each session to the delegates. Dr. MacAllister regrets very much that owing to ill-health he is not able to be at the opening of the convention, and asks me to say that 'you are all most cordially welcomed to Drexel Institute, and we shall endeavor to do everything in our power to make your meeting here as pleasant as possible.' Three committee rooms are given for the use of the association and the auditorium for a cloak-room.

"Cordial invitations have been extended to the members of the Nurses' Associated Alumnae to visit the following hospitals—University, Blockley, Presbyterian, Episcopal, Jefferson, Methodist, Hahnemann, Jewish, Germantown, Medico-Chirurgical, German, Polyclinic, St. Joseph's, Woman's.

"This afternoon from four to six o'clock a 'tea' will be given to the members by the Alumnae Association of the Polyclinic Hospital, 1818 Lombard Street, in their Nurses' Home. South Seventeenth Street cars are the nearest.

"Pennsylvania Hospital, Eighth and Spruce Streets, founded in 1751, possesses many interesting features, and you are all cordially invited to visit it between the hours of three and five P.M. to-day. This evening a reception will be given by the Germantown Hospital managers (through the thoughtfulness of the superintendent of the hospital, Mrs. Maud Vaughan) at the Manheim Cricket Club, five-minutes' walk from Queen Lane Station, Germantown. All graduate nurses are cordially invited to be present. Special train will leave Broad Street Station on Pennsylvania Railroad at seven thirty-seven this evening. Please meet there promptly at seven-twenty P.M. A badge of white ribbon must be worn to get through the gate to the train.

"A luncheon will be served to the members daily for thirty-five cents in the students' dining-room just across the street. This is through the courtesy of Miss Spring, director of the Domestic Science Department of the Drexel Institute.

"To-morrow, Friday, from nine-thirty to ten A.M. an organ recital will be given in the auditorium by Mr. James M. Dickinson, the organist of Drexel Institute. Four P.M. a visit to Girard College. Hearty invitations from the Board of City Trusts have been given by the president, General Louis Wagner. White badges must also be worn to gain admission. Battalion drill has been postponed until four-thirty P.M. for our accommodation. Eight P.M., a dinner by the graduate nurses of Philadelphia to the officers, delegates, and charter members will be given at The Roosevelt, 2027 Chestnut Street. Visiting nurses can secure dinner cards by notifying any member of the Committee on Arrangements not later than Friday at ten A.M.

"Saturday, four P.M., trolley ride for officers, charter members, and delegates through Philadelphia and Fairmount Park out to the Episcopal Hospital, where a supper will be given them by the managers of the hospital. All members attending sessions are invited to the supper and can go out to the hospital on the cars.

"An invitation has just been received for the members to visit Woman's Hospital, North College Avenue, where tea will be served every afternoon during convention.

"Anyone wishing to visit points of interest in the city or suburbs can get directions or secure the services of a guide by speaking to any one of the ushers.

"M. MARGARET WHITAKER,

"Chairman Committee on Arrangements."

PRESIDENT.—I want to urge upon the delegates the necessity of prompt attendance upon these meetings. We have much to do and shall have very little spare time. Therefore the session will open promptly at ten o'clock; if you do not wish to disturb the progress of it, be in your seats before that time. You are now adjourned to meet at ten o'clock to-morrow morning in this hall.

Second day, Friday, May 13, 1904—Morning.

The house was called to order at ten o'clock, president in the chair.

PRESIDENT.—As this is the beginning of our business session, we will open our proceedings with the roll-call.

The secretary called the roll, one hundred and seven delegates with one hundred and seventeen votes (five proxy votes) responding.

PRESIDENT.—We will listen to the secretary's report.

SECRETARY.—Madam President, as a report, I would call the attention of the delegates to the minutes of the sixth annual convention, which they have in printed form, and proceed with the report of the proceedings of the Executive Committee for the year 1903-1904.

"MADAM PRESIDENT AND DELEGATES: The Executive Committee in presenting its report last year prefaced it by reminding the members of the Associated Alumnae that the period had been, of necessity, one of planning and shaping preparatory for the work to be taken up in the future, when the by-laws should be definitely settled upon. This year, as last, the committee has been able to do only such routine business as presented itself for immediate solution.

"The preliminary meeting of the year 1903-1904 was held in Hotel Brunswick, Boston, on Saturday, June 13; there were present at this meeting Miss Riddle, who had succeeded herself as president; Miss Rudden, first vice-president; Mrs. Hutchinson, second vice-president; Miss Healy, treasurer, and Miss Thornton, secretary.

"At this meeting the Alumnae Associations of the following hospitals were considered and promoted to full membership: House of Mercy, of Pittsfield, Mass.; the Old Dominion, of Richmond, Va., and the Salem, of Salem, Mass. The business of the convention was wound up and the work for the new year outlined.

"Miss Lucy Walker had been elected chairman of the Committee on Arrangements, and it was decided to ask her to place on her committee representatives from as many different hospitals in Philadelphia as possible. Miss Milne was appointed on Printing Committee.

"The second meeting was held at 120 East Thirty-first Street, New York City, on February 4. There were present at this meeting Miss Riddle, Miss Rudden, Miss Healy, and Miss Thornton.

"The applications of the Newton Hospital, membership forty; the Wilkes-Barre, membership forty-two; the Western Pennsylvania, membership thirty-five, and the Jewish, membership twenty-six, were considered and they were found eligible for full membership.

"The applications of the Freedman's, the Union Protestant Infirmary, and the Reading were not fully understood by the committee, and the secretary was instructed to place the papers on file pending correspondence.

"It was voted to have the Census Committee take up work, and Miss Ross was appointed to take it in hand.

"The secretary of the association was appointed a delegate to the International Congress of Women to be held in Berlin in June, 1904.

"Miss Walker's letter stating that she was unable to act on the Committee on Arrangements for the Seventh Annual Convention was read with regret and Miss Whitaker was appointed to the position.

"It was decided that the papers for the convention should be upon State registration and organization and upon central directories, these to be arranged in sections, and that a chairman be appointed to conduct the discussion upon each section.

"Miss Sara A. Bowen, of the Boston City Hospital Alumnæ, was appointed to have charge of the section on State work.

"Mrs. Annie Hutchinson, the second vice-president, took charge of the Central Directory Section, to be presided over by Miss Helen Kelly, of the Illinois Training-School.

"The third Executive Committee meeting was held on February 23, 1904, at 120 East Thirty-first Street, in New York City. At this meeting there were present Miss Riddle, Miss Rudden, Miss Healy, and Miss Thornton. The date of the convention was definitely placed, Thursday, Friday, and Saturday, May 12, 13, and 14, 1904.

"The applications of the Freedman's, membership forty-five; the Union Protestant Infirmary, membership twenty-three, and the Reading Alumnæ, membership thirty, were again taken up with the additional information received, and they were admitted to full membership.

"A letter was read from Miss Ross declining the chairmanship of the Census Committee and resigning from the Committee upon Central Directories.

"Miss A. J. Greenlees was appointed on the Census Committee; the chairmanship of the Central Directory Committee was not filled. In the interim there have been admitted to full membership the Williamsport, Pa., membership forty-three; the Maryland Homœopathic, membership twenty-five; the Homœopathic of Pittsburg, membership eighty-six, and the Baltimore City, membership eighteen, action thereon being ratified at the meeting held at the Drexel Institute on May 13, 1904. Miss Riddle, Miss Rudden, Miss Healy, and Miss Thornton present.

"The alumnæ of the New England Hospital, the St. Luke's of New Bedford, and the St. Luke's of South Bethlehem were promoted to full membership.

"The committee has under consideration the other three alumnæ having an associate membership, making a total of eighty societies and a membership of several thousand.

"The committee has on file applications from the Philadelphia, the Lebanon of New York, the Dr. Joseph Price of Philadelphia, the St. Joseph's of Philadelphia, and the Mary Thompson of Chicago.

"The Executive Committee is in receipt of a letter from Mrs. Robb declining to have her name appear as honorary president of the association. It feels in duty bound to respect her wishes in the matter, but in doing so is sure that it voices the sentiments of the association that though it be not allowed to have Mrs. Robb's name continued on its record as the honorary president, it will be a pleasure to always remember her as its most honorable first president, and feel at liberty to consult her upon matters pertaining to the welfare of the association.

"The committee is in receipt of a letter from Miss Dock donating to the Associated Alumnæ one share of JOURNAL stock, thus assuring the association one vote as a stockholder in that corporation.

"The committee would also call the attention of the membership to the necessity for action as a body upon the matter referred to in the president's address—that of alliance with the National Red Cross or with some other philanthropic body purposing to carry on the same line of work.

"The committee would recommend that the associations sending more than one delegate each year would endeavor to return at least one former delegate, thus insuring more familiarity with matters brought up for discussion and of necessity more intelligent action than would be possible with all new delegates.

"Respectfully submitted,

"THE EXECUTIVE COMMITTEE,

"MARY E. THORNTON, Secretary."

On motion of Mrs. Wilcox, seconded by Miss Rhodes, the report of the secretary was accepted.

PRESIDENT.—The report of the treasurer will now be read.

Miss Healy, the treasurer, reported as follows:

TAMAR E. HEALY, treasurer, in account with the Nurses' Associated Alumnae of the United States,
June 1, 1903, to May 12, 1904.

RECEIPTS.

Balance on hand June 1, 1903.....	\$273 76
Annual dues for 1903.....	\$469 65
Initiation fees	105 00
Sale of Fifth Annual Reports.....	12 90
Sale of International Congress Reports....	136 85
Sale of Sixth Annual Reports	84 90
	809 30
Interest on bank account to date.....	2 92

DISBURSEMENTS.

Printing of International Congress Reports.....	\$368 00
Printing programmes, ballots, and applica- tion blanks.....	\$23 82
Badges for delegates	10 60
Rent of hall, three days	45 00
Expenses of president attending Execu- tive Committee meetings and on alumnae business to Washington	28 00
Expenses of first vice-president attending Sixth Annual Convention and Execu- tive Committee meetings	33 72
Expenses of secretary attending Sixth Annual Convention.....	19 50
Expenses of treasurer attending Sixth Annual Convention.....	16 67
Typewriting and reporting proceedings of Sixth Annual Convention.....	50 14
One thousand reprints of Sixth Annual Report.....	50 00
Annual dues to National Council of Women Secretary, stamps, postal cards, and cur- rent expenses.....	16 67
Treasurer, stationery, stamps, and ex- change on cheques.....	22 24
Stamped stationery	11 69
Typewriting notices, etc.	9 57
Auditing books.....	2 84
Freight on reports	4 00
	81
Balance in Bank May 12	\$345 27
	372 71
	\$1085 98

Examined and found correct.
Byron Horton, Auditor.
May 17, 1904.

Funds in bank for purchase of JOURNAL, \$12.00

\$1085 98

\$1085 98

The secretary read the various communications received, as follows:

"To the Secretary of the Nurses' Associated Alumnae of the United States.

"DEAR MADAM: May I ask you to convey to the Executive Committee of the Associated Alumnae one share of JOURNAL stock, which will be handed you by the secretary of the company?

"Very truly yours,
"L. L. Dock."

"To the Secretary of the Nurses' Associated Alumnae of the United States.

"DEAR MADAM: At the meeting of the Associated Alumnae, held in Chicago in 1902, I had the honor to be appointed honorary president of the association.

"As I was not present at that meeting, my acceptance of the courtesy could not be read until a year after at the Boston meeting. I have therefore had the privilege of serving as honorary president for two years. Now I beg that you place my resignation of the office before your Executive Committee. While I deeply appreciate the feeling that prompted my appointment, my personal idea is that no honorary position should be held by any active member of the association, as it is understood that each individual member shall do whatsoever work she can to further the interests of the association, and that this opportunity is equally great to the individual member and the official, and therefore appointment to office should only be for active work.

"With renewed expressions of appreciation of the honor done me, believe me, as ever,

"Yours faithfully,
"ISABEL HAMPTON ROBB."

"To the Secretary of the Nurses' Associated Alumnae of the United States.

"DEAR MADAM: At the meeting of the New York County Nurses' Association, held on Tuesday, May 3, 1904, it was moved and carried that a most cordial invitation be extended the National Association to hold the convention of 1905 in New York City.

"Very truly yours,
"J. AMANDA SILVER, President,
"ELIZABETH BURNS, Corresponding Secretary."

"MY DEAR MADAM SECRETARY: Will you convey our best wishes for a splendid session to the Associated Alumnae? We hope that the nurses present will not miss this opportunity to do something for the profession, and will render themselves immortal by taking over the responsibility of the JOURNAL. We are so sorry not to be with you all.

"Yours sincerely,
"ANNIE F. HUTCHINSON."

PRESIDENT.—We will call next for the report of the Committee on "The Course of Study and the Condensing of such Course," by Miss Greenlees.

Miss Greenlees reported as follows:

"MADAM PRESIDENT AND FELLOW-NURSES: Your Committee on Condensing the Alumnae Reports sent out fifty-six question blanks, and fifty-four were answered promptly. Two have not replied.

"Out of the forty-five States in the United States twenty-one report alumnae associations, and in all but four of these State organizations have been formed for the purpose of State registration, the uplifting of the profession in general, and raising the standard of nursing education.

"Following close on the registration movement, spoken of and indorsed by a few of the more progressive alumnae associations, comes the preliminary preparation of the nurse before entering the hospital wards.

"Two schools report public demonstrations given by the senior nurses of their hospital. The alumnae that can take advantage of these are to be congratulated, for it is a most excellent way for the earlier graduates to keep in touch with new methods and appliances.

"Mt. Sinai reports spending the time of one meeting on one of the questions sent out by the committee—viz., 'What has been done in a social, educational,

or charitable way?" These questions are intended to be brought up for discussion in the various associations, and, if it has been generally done, the committee is encouraged.

"Several alumnae, instead of sending suggestions for work for the coming year, ask for them. They are given as received for their benefit as follows:

"To have courses of study relative to questions touching private duty and district work;

"To have social and charitable organizations which would be closely allied to district nursing;

"To have doctors address such meetings and have them monthly;

"To have associations interest themselves in educational work other than nursing;

"To have courses of general lectures, including physical culture, bacteriology, sanitary inspection, and parliamentary law.

"One sends this problem: 'How to establish an annuity fund or home for those too old to work.'

"Two, of which the following is one, are making it a point of alumnae work to encourage, support, and work for the ownership of THE AMERICAN JOURNAL OF NURSING. One school is now raising funds for the purchase of stock in the JOURNAL Company. It is to be regretted this is not the general rule. There should be a committee in each association for the advancement of the interests of the JOURNAL, including active work to increase the subscription list.*

"From St. Luke's, Chicago, comes this:

"'We suggest a broader interest in the nursing world outside of one's individual alumnae. Also more active encouragement in the welfare and support of THE AMERICAN JOURNAL OF NURSING, by subscription or otherwise. The fact that the effort of the JOURNAL has been particularly in the interests of the nurses of these United States has not been encouragingly recognized by those nurses.'

"Respectfully submitted,

"ANNA J. GREENLEES,

"Chairman of Committee."

* And to keep the JOURNAL informed of all new nursing work and progress not only in the individual associations, but in the community.

Alumnæ Associations.	Membership.	New members.	Resignations.	Deaths.	Dismissal.	Meetings.	Work accomplished.
University of Michigan, Ann Arbor.	45	9	..	..	..	Eight business, educational, and social.	Lectures have been given on the Consumers' League and parliamentary law. The alumnæ was entertained by the ladies of the faculty of the university several times during the year. A reception was given to the graduating class. Money is given each year to the hospital circle of King's Daughters and the Fruit and Flower Mission. Working for registration.
Old Dominion Hospital, Richmond, Va.	33	6	..	..	..	Meetings held quarterly.	Two lectures were given and one social meeting was held.
Illinois Training-School, Chicago, Ill.	273	16	..	1	36	Monthly meetings, business, educational, and social.	Papers were read at the meetings on Wisconsin, Indiana, and Illinois, also on foreign travels. Several meetings were social, one being an evening musical. The following subjects are to be taken up the coming year: "Central School," "Central Directory," and a "Chicago Nurses' Club."
Massachusetts General, Boston, Mass.	210	24	4	2	25	One educational, seven social.	Improvement in good-fellowship. Work for preparatory course for nurses.
Garfield Memorial Hospital, Washington, D. C.	56	4	..	..	..	Seven business, two educational, one social.	United with other alumnæ associations and graduate nurses in the District of Columbia to form the Graduate Nurses' Association of the District of Columbia, the principal object of which is State registration.
Children's Hospital, San Francisco, Cal.	93	19	..	..	2	Eight meetings, combining business, educational, and social.	California State Nurses' Association formed, also a nurses' directory. Entertained the delegates to the national meeting of the Spanish-American War Nurses. Endeavoring to endow room for sick nurses, also to forward the education and equipment for the Pacific Coast Nurses.
Virginia Hospital, Richmond, Va.	30	8	..	..	..	Six business and social.	An alumnæ room has been established at the hospital. Efforts made towards raising sick fund.
Allegheny Hospital, Allegheny, Pa.	100	17	..	2	19	One social, six business.	Are working to endow a bed, necessary amount, five thousand dollars. By different entertainments two thousand dollars has been raised.
St. Joseph's, Paterson, N.J.	11	..	4	1	..	Three business.	
Presbyterian Hospital, New York City.	133	19	1	2	..	Monthly business meetings.	One nurse kept at Nurses' Settlement. Demonstrations given by senior nurses to keep alumnæ in touch with new methods.
Presbyterian Hospital, Philadelphia, Pa.	103	10	2	..	..	Seven business and social.	Four orphans in India are being educated.
Pennsylvania Hospital, Philadelphia, Pa.	11	21	..	5	..	Seven business, social, and charitable meetings.	The work of sending a box to the sick poor of the city is to be continued.
Paterson General, N. J.	58	6	..	..	..	Six business and social meetings.	Attention was given to sick nurses.
Orange Memorial, N. J.	100	13	..	..	3	Four business and social and two lectures.	A tea was given to the graduating class.
Kings County Hospital, Brooklyn, N. Y.	43	2	..	..	..	Four business.	Two social meetings.
Hospital of the Good Shepherd, Syracuse, N. Y.	52	5	..	..	..	Monthly business, educational, and social.	Medical lectures were given. A reception to the superintendent and a tea. The sick members were cared for. An alumnæ room in the hospital was furnished.
Bellevue Hospital, New York.	204	19	1	..	..	Eight business and social.	One share stock taken in THE AMERICAN JOURNAL OF NURSING. A fund raised for the care of sick nurses.
Mt. Sinai Hospital, N. Y.	90	13	2	..	3	Eight general meetings, and five directors' meetings. Business and social.	Through the efforts of the alumnæ ten thousand dollars has been presented for endowment purposes.

Alumnae Associations.	Membership.	New members.	Resignations.	Deaths.	Dismissed.	Meetings.	Work accomplished.
Hahnemann Hospital, Philadelphia, Pa.	50	7	1	1	8	Monthly business, educational, and social.	A Current Event Club formed. Annual reception to graduating class. A musical was given. Members aided through the sick fund.
New York City Hospital, N. Y.	223	16	2	..	24	Ten business and social.	Lectures were given on general subjects. Reception to graduating class. Needy members were helped.
New Haven Hospital, Conn.	82	11	2	1	11	Ten business and social.	A State association has been formed. Working for registration.
New York Hospital, N. Y.	252	18	7	2	7	Annual meeting, seven regular, two special.	Enlarged quarters were provided for club nurses.
Massachusetts Homœopathic Hospital, Boston, Mass.	102	16	1	1	2	Monthly business, educational, and social meetings. Annual dinner.	Monthly lectures on subjects pertaining to work. Papers by members on their travels. Working for State registration and how to care for sick members.
Maine General Hospital, Portland, Me.	48	15	..	..	1	Twelve meetings, two social.	Two lectures by physicians. Papers at each meeting by members.
Long Island College Hospital, Brooklyn, N. Y.	166	24	2	1	..	Nine business, educational, and social.	Lecture course. Association incorporated. Registry established at Nurses' Club. The services of nurses given in a number of cases to charity.
Hahnemann Hospital, Chicago, Ill.	44	8	..	..	4	Monthly meetings, two social.	Sick benefits given to members amounting to two hundred dollars.
Germantown Hospital, Philadelphia, Pa.	36	8	..	1	2	Eight business.	Much more cordial relations have been established between old and recent graduates.
German, New York City, N. Y.	86	9	3	..	..	Nine meetings.	Have studied parliamentary law.
Columbia and Children's, Washington, D.C.	69	8	1	..	..	Six business and educational.	Course taken in parliamentary law. Social meetings held.
Brooklyn Homœopathic Hospital, N. Y.	64	3	1	1	..	One social, five business.	
Boston City Hospital, Boston, Mass.	300	64	..	1	..	One business and social, one social, four executive.	Sick members visited. Working for State registration.
Augustana Hospital, Chicago, Ill.	60	14	1	..	..	Eight business and educational, one social.	There has been a course of lectures. Alumnae papers. Sick benefit fund established and flowers sent to sick members.
Rochester Homœopathic Hospital, N. Y.	65	18	..	1	..	Four business and social, two social.	The association is expecting to take up current events and travel.
Rochester City Hospital, Rochester, N. Y.	88	5	1	..	1	Four business and one social.	Alumnae more interested in the work of the association.
Protestant Episcopal, Philadelphia, Pa.	126	17	4	..	..	Monthly, combining business, educational, and social.	Social life improved.
Provident Hospital, Chicago, Ill.	46	6	..	..	..	Twelve business and social.	A course of lectures given on nursing subjects. They have visited and taken care of sick nurses.
Hartford Hospital, Hartford, Conn.	80	12	2	..	..	Business meetings.	
Hope Hospital, Fort Wayne, Ind.	29	8	2	..	1	Twelve business and educational.	Furnished room in new wing of hospital. Original papers by nurses read at meetings.
Farrand Training-School, Detroit, Mich.	163	12	..	..	..	Seven business and educational, one special.	Lectures have been given by physicians. Social meetings and literary entertainments held. Donations of money and services to the Visiting Nurses' Association.
St. Mary's Hospital, Brooklyn, N. Y.	38	10	2	..	..	Four business and social.	Maintain room for sick nurses.
Salem Hospital, Mass.	50	3	4	..	2	Nine business and educational.	Have held classes in current events and parliamentary law. A branch of St. Barnabas Guild started.

Alumnæ Associations.	Membership.	New members.	Resignations.	Deaths.	Dismissal.	Meetings.	Work accomplished.
Roosevelt Hospital, New York.	84	24	...	...	...	Eight business and two social.	Sick benefit fund started. Appropriations of money and services of nurses given to the Stony Wold Sanatorium for Tuberculous Women and Children.
University of Pennsylvania, Philadelphia, Pa.	126	17	...	1	...	Ten business and three social.	Issued call to initial meeting for forming the State Nurses' Association. Opened nurses' register in the hospital. Money, bedding, and clothing collected for settlement work.
University of Maryland, Baltimore, Md.	82	13	1	...	1	Four regular and one special.	Working for State registration. Alumnæ dues have been raised and sick benefit fund established.
Toledo Hospital Training-School, Ohio.	54	5	...	1	...	Ten monthly business.	Working for State registration.
St. Luke's, New York.	114	20	1	...	1	Four regular and four special.	A nurses' registry established. Fair held. Endowed a private room for four months of the year in the hospital for graduates. Suggest course in physical culture.
St. Luke's, Chicago, Ill.	135	14	9	1	13	Nine business, educational, and social, two special, five executive.	Eight lectures were given on general subjects. Ten informal teas. Reception to Miss Palmer. Two hundred and forty-seven dollars and fifty cents raised for the sick benefit fund. Five hundred dollars netted by doll's booth towards equipping new hospital for St. Luke's.
St. Joseph, Chicago, Ill.	70	10	6	...	...	Ten business and educational.	A benefit fund established and sick benefits paid.
Johns Hopkins, Baltimore, Md.	276	28	3	1	...	Six business, three educational and business, and one social.	Assistance by means of public meetings, and work on the Preliminary, Legislative, and Publication Committees, in procuring State registration. The Tuberculosis Exposition Exhibit of work of the Visiting Nurses' Association of Baltimore. Contributions to this exhibit from members in Washington, Philadelphia, Newark, and Minneapolis. Special exhibit of visiting nurse among tubercular patients. Maintenance of the successful alumnæ journal. Transferring of dividend on one share of stock to the treasury of the Associated Alumnæ for future use in the purchase of THE AMERICAN JOURNAL OF NURSING. Assistance volunteered to district nurses to aid in the emergency following the great fire. Financial aid to sufferers. Quarters supplied to the staff of district nurses during a contagious outbreak. Subscription to aid in building tuberculosis sanatorium. To further and encourage so far as able all educational work, such as the Teachers College course in Hospital Economics. Active work towards the ultimate ownership of THE AMERICAN JOURNAL OF NURSING, and incidentally increasing the subscription list. A vigorous campaign against such pernicious educational bait as correspondence schools for nursing.
Methodist Episcopal, Brooklyn, N. Y.	78	15	4	1	...	Ten business and social.	A reception to graduating class. Have started an endowment fund to be used for a room to be known as Alumnæ Associate room.
Brooklyn Hospital, Brooklyn, N. Y.	104	...	...	...	...	Business and social meetings.	An endowment fund is being raised, each nurse pledging herself to raise fifty dollars. More than one-third of the amount has been raised.
New York Post-Graduate Hospital, New York.	154	31	1	...	20	Six regular and one special meeting.	Establishment of official registry and a fund for sick nurses.
Rhode Island Hospital, R.I.	131	7	1	...	...	Monthly meetings, business and social.	
Worcester City Hospital, Worcester, Mass.	76	10	1	...	3	Social and business.	A reception was given to the graduates.

PRESIDENT.—You have an opportunity now to ask any question that may occur to you in reference to the course of study and the compiling of these reports. I am very sure that Miss Greenlees will be pleased to answer any questions if you present them now.

MISS PAXTON.—I should like to know how, after arranging the course of study, you could compel the attendance of the alumnae membership?

MISS GREENLEES.—I think that anyone interested in a course of study would attend without being compelled.

On motion of Miss Davids, seconded by Mrs. Fleetwood, the report of the above committee was accepted.

PRESIDENT.—We will now call for the report of the Committee on "The Revision of the Constitution."

The report of the Committee on the Revision of the Constitution was read by the secretary, as follows:

"The work of the committee will be placed in your hands during these sessions.

"It was never possible to assemble the committee for work upon the constitution, consequently what you have is the result of correspondence.

"The constitution was decided upon last year, when proceedings were stayed at the eligibility clause. Your committee endeavored to provide for societies other than alumnae in a simple way which seemed also practical. It is practical because the provision is made in the by-laws and a change will not be difficult after a trial of a year or two.

"As our constitution and by-laws have been in a state of reconstruction for years, great difficulties have been found in the management of the affairs of the association. Especially has this been true when committees were new to the work.

"Therefore the committee would earnestly suggest that you decide upon some form of government for the association.

"Respectfully submitted.

"MARY M. RIDDLE,

"Chairman Committee on Revision of Constitution."

PRESIDENT.—This revision of the constitution will be placed in your hands for your action at the proper session. We have not put it in your hands to-day because we have but a limited number of copies and we were afraid we would not have them when they were required.

On motion of Mrs. Milne, seconded by Mrs. Higbee, the report of the Committee on the Revision of the Constitution was accepted.

PRESIDENT.—The next item in the order of business will be the report of the Committee on Periodicals.

Miss Davis, chairman of the Committee on Periodicals, read the report of that committee, as follows:

"MADAM PRESIDENT AND LADIES: At the last meeting of the Associated Alumnae it was voted to add to the number of the Periodical Committee two new members, *not* stockholders, to confer with the old members on the feasibility of the Associated Alumnae owning THE AMERICAN JOURNAL OF NURSING and to suggest ways and means to accomplish it.

"A meeting of your committee was called January 20, 1904, in New York, Mrs. Robb, Miss Nutting, and the chairman constituting the quorum.

"Mrs. Hutchinson, of Chicago, and Miss Frederick, of New York, were the new members elected in accordance with the vote.

"In view of the difficulty of obtaining a quorum when a committee is large and the members widely separated, it was agreed to carry on our deliberations by correspondence. Accordingly, your chairman wrote to each member of the committee asking for ideas and suggestions to formulate a circular to be sent to the affiliated alumnae associations and to the stockholders.

"A circular was sent to the above-mentioned parties asking the stockholders to name the exact amount for which they would be willing to surrender their holdings to the Associated Alumnae in case it found itself in a position to buy up the JOURNAL stock.

"Eighteen out of forty stockholders replied. Two expressed themselves as willing to sell at par plus a certain per cent., minus the dividend already received, one at par less ten per cent., and all the others at par.

"The affiliated alumnae were asked to give their opinion on the feasibility of the transfer of ownership and to suggest ways and means to enable the Associated Alumnae to raise the funds necessary for the purchase.

"Nine out of fifty-six responded. Six of the nine were against making any change.

"In making a digest of the ways and means suggested, your committee has the following to suggest:

"First, that the affiliated alumnae members be assessed so much per capita, the amount to be fixed by a committee appointed for the purpose.

"Second, that the affiliated alumnae purchase a share or shares and turn them over to the Associated Alumnae.

"Third, that the Associated Alumnae borrow the necessary amount to purchase the outstanding shares.

"Fourth, that the Associated Alumnae purchase the remaining unsold shares and, as it finds itself able, purchase from the present stockholders, as they may be found willing to dispose of them, a sufficient number of shares to obtain a controlling interest, thus practically becoming the owner.

"Respectfully submitted,

"M. E. P. DAVIS, Chairman."

PRESIDENT.—You have heard the report of this committee. Is there to be any discussion upon this report?

MISS PAXTON.—If the association would buy the outstanding shares, what would the association have to do with the management of the JOURNAL?

PRESIDENT.—I would say that the management would be theirs.

MISS DAMER.—I would say that we would have seventy-two votes out of one hundred.

MISS McLAUGHLIN.—May I ask the value of the shares?

PRESIDENT.—The par value of each share is one hundred dollars.

On motion of Miss McIsaac, seconded by Mrs. Fleetwood, the report of the Committee on Periodicals was accepted.

MISS DAMER.—I would like to ask if this closes the discussion on the subject of the JOURNAL.

PRESIDENT.—This closes the discussion upon the report only.

MISS NUTTING.—I move that the president appoint a special committee of five to confer with the Board of Directors regarding the purchase of the JOURNAL, said committee to report to-morrow morning at the executive session.

Seconded by Miss Milne. Carried.

The president appointed the following as a special committee to confer with the Board of Directors regarding the purchase of THE AMERICAN JOURNAL OF NURSING, such committee to report at the executive session to-morrow (Saturday) morning: Miss Frederick, Mrs. Robb, Miss Damer, Miss Goodrich, and Miss Greenlees.

MISS NUTTING.—May I ask that a word be said to the delegates so that they will understand why the other members of the Periodical Committee could not go on the special committee of five?

PRESIDENT.—The Committee on Periodicals, which has been appointed to look into the advisability and ways and means of purchasing the JOURNAL, is partially composed of members who are also on the Board of Directors for

the JOURNAL. If they were appointed on this special committee they would simply be conferring with themselves.

EXECUTIVE SESSION.

PRESIDENT.—The principal business before the delegates at this session is the formation of the Nominating Committee, and it is all that there will be time for. Before you proceed to that I wish to make an announcement or two. In the first place, the Board of Directors for the magazine will meet the new committee of five appointed this morning upon this platform immediately following the close of this session.

As I said before, the business before this executive session is the formation of the Nominating Committee. As our new constitution and by-laws have not yet been ratified, we have to go by the old constitution which has served us for so many years. The method is this: The alumnae associations of one State assemble themselves together in a group in some corner and elect one member of the Nominating Committee. That group must consist of at least five alumnae associations. For instance, the alumnae associations of the State of Pennsylvania must assemble themselves together and elect one member of the Nominating Committee; the same must be done by the associations of any other State. If you belong to a State in which there is but one alumnae association, you must unite with the alumnae associations of some other State in your neighborhood until you have five alumnae associations represented and elect one member of the Nominating Committee.

Executive session adjourned.

Second day, Friday, May 13, 1904—Afternoon.

Meeting called to order by the president at two-thirty.

PRESIDENT.—As you heard from the secretary's report this morning, it was decided at one of the Executive Committee meetings during the year that the programme of papers for this convention be divided into sections and that each section be given in charge of some alumnae association. It was decided that the preparation of the programme of the section upon State registration should fall to Massachusetts; therefore the programme will be presented to you this afternoon by Miss Bowen, of the Boston City Hospital Alumnae. I take great pleasure in introducing Miss Bowen.

“STATE REGISTRATION”—MISS BOWEN.

“One of the most absorbing questions before the minds of the nursing body to-day is that of State registration. The mere question of our legal status is of momentous importance, but that is only a small part of the point at issue. This is the first time that nurses have risen up in a body—independently—and asserted their fitness for and their right to a professional recognition equal to that given the members of other professions.

“This movement is not a sudden thing. It is the natural culmination of a work that began fifty years ago when Florence Nightingale started with her band of women for the Crimea. Even her far-reaching insight could not foretell the magnitude of the change she was instituting, but her dauntless courage and her unfaltering belief in the

sacredness of her calling gave her the incentive for a work whose results have only begun to be manifest. That the nursing world at large should be interesting itself in the advancement and betterment of nursing standards, and that this body of women should be gathered here to-day to promote the cause of State registration, is a natural consequence of Miss Nightingale's pioneer work.

"Possibly it may be well to refresh our minds by a short résumé of the work already accomplished in State registration. The nurses of the United States are by no means the first to agitate this question. In 1891 South Africa passed a bill giving legal recognition to its nurses, carrying on its work by means of the State Medical Council, which includes physicians, dentists, pharmacists, and nurses. This method would not satisfy our spirit of independence, but when we consider that the bill was passed thirteen years ago, and has been in successful operation since then, we can only commend a measure so far in advance of its time. In Australia the work of legal registration is being agitated, and in New Zealand a very comprehensive bill was passed in 1901. England is alive to the question, and the nurses there, after much controversy, have a bill ready to present to Parliament. In Canada the Province of Ontario has formed a State society, and in Ireland and Germany the work is also beginning with vigor and enthusiasm.

"Of the progress of State registration in our own country we have just cause to be proud. Not, perhaps, on account of the number of States which have carried the matter through to successful issue, but because in the main the nurses have stood firmly for the vital points at issue and have been willing to work and wait until they could obtain them. At the time of our convention last year four States—namely, North Carolina, New Jersey, Virginia, and New York—had secured the passage of their respective bills. Besides these, Michigan, Illinois, Minnesota, Massachusetts, Pennsylvania, Ohio, Maryland, Connecticut, Louisiana, Iowa, District of Columbia, California, and Indiana have now taken steps to secure legal registration for the nurses within their borders. Of these, Maryland has secured the passage of its bill, while the others are still working towards that end.

"The pioneers in any movement are the ones who have to surmount the most formidable and perplexing difficulties. They break the path, and those who come after may walk in their footsteps, avoid their pitfalls, and sometimes broaden and emphasize the way. The nurses who were the pioneers in the work of registration have done a great work for those who come after them. From their experience many fundamental points may be deduced which are vital for the well-being and permanence of our professional organization. Let each new State in the

framing of its bill study well the bills of other States, improving where they may have failed, always aiming to carry forward the banner they have raised.

“One of the greatest dangers we encounter in our work for registration is the danger of haste. It has been plainly demonstrated that it is better for a State organization to wait five years for the passage of its bill than to be successful with one which in its passage has become so mutilated that it has been deprived of its most essential points. Let not the nurses of any State be ambitious to be the next to pass a bill, but let them direct their ambition towards the stipulations of the bill—what its restrictions and standards are, and whether it will place the nurses in that State upon the highest plane which they can possibly command.

“Most nurses who have had experience with registration know that tactful, clear-headed, business-like dealing with legislative bodies has much to do with the passage of a bill. Such fundamental principles as the right of the nursing body to set its own educational and ethical standards and its demand for self-government must be insisted upon. If, in order to gain these important points, we are obliged to concede to the demands of the public others of lesser import, we are still maintaining our standards and gaining the points for which we are striving. When a State organization has decided what its basal principles are, let it insist upon them, no matter what the opposition may be. It is far better to have no bill at all than to have one which deprives the nurse of her right of self-protection and self-government.

“State registration is still in its infancy, and for that reason we are able as yet to show but little in the way of results, even in the States where the bills have already become incorporated into the laws of the Commonwealth. We shall hope, however, from the papers presented this afternoon, to gain much encouragement and inspiration, as well as practical help, in our further efforts towards State protection.”

“THE EFFECT OF REGISTRATION UPON THE EDUCATIONAL STANDARDS OF TRAINING-SCHOOLS AS SHOWN BY RESULTS IN NEW YORK STATE”—MISS SOPHIA F. PALMER.

“I made a very rash promise a few weeks ago, and find that I come before you with empty hands, but I think perhaps I can tell you in a few words the effect of registration upon the New York schools, and I shall not be obliged to spend very much time in doing that. Just as soon as the bill was framed in New York State we began to realize a sort of stir among the schools. We inserted a clause in that bill which required that all nurses to be registered must be graduates of training-

schools approved by the Regents of the University as maintaining proper standards, and there, you see, is the power of the New York bill. As I say, just as soon as that bill was published, before it was passed, before it had gone into the hands of the legislators, there began to be a sort of stir. Those of us who were the promoters and the leaders of the movement began to have questions asked of us. What are you going to require of the schools, because we are reorganizing and would like to do it on proper lines? So far as I have had any experience personally since our standards were published,—as, of course, you are all familiar with the standards,—so far as I know personally, there has been no opposition from any of the New York schools—that is, the regular schools—to those standards.

“I wrote to the Regents’ office a few days ago explaining that I was to come here to speak to this body of nurses on a certain subject, and asked what the attitude was on the part of the schools throughout the State and throughout the country in regard to our standards, and I received a most encouraging reply. In not one single instance had there been any unwillingness to conform to those standards or any antagonism or anything meant to be considered in any way as an objection to those standards.

“The training-schools connected with the insane hospitals are not equipped at the present time, many of them, to register their pupils, and we are having a little correspondence and a little controversy back and forth as to whether we will accept this hospital training or other substitution for hospital training, and so far we have not yielded in any point, and I do not think we will, but on general principles the schools that could not conform to our standards—which, of course, are very few—have immediately gone to work to make provisions that they may come up. One large hospital in New York that gave everything that we require but the care and nursing of sick children has in the short time since our standards were published, which is only two months, opened a large children’s ward, so that the pupils of that school may be able to be registered and that they will have all of the experience that our standard calls for.

“It is too soon yet to know just what the result is going to be, but there is no question but just as soon as this matter of the legal status and the legal requirement is recognized that the schools will come into line with very little difficulty, and we are going to get from year to year a little better education, a little broader education, and a little more thorough education for the nurses throughout New York State. There are forty-four schools in New York that are not yet registered, but they undoubtedly will be, and most of them have made provisions either

by opening different departments or by affiliating with other hospitals to conform with the requirements which we have fixed, and at the end of two years the plan is to draw in the lines again, raise the standards, add to the curriculum, require more thorough instruction, and I believe that, step by step, if we can only be satisfied to go slowly enough, we shall gain in the end the thing that we have started out to obtain.

“I understand that although the bill of Illinois was vetoed, there is that same little, hustling movement going on out there—schools are reorganizing, adding to their curriculum; and I am told by Miss Cabaniss that the same thing is going on in Virginia, and there are other members of the association here who will speak for their different States.

“The greatest difficulty that the examiners are having to contend with,—and I will just take one moment of your time to speak to you about it, although it is foreign to the subject in hand,—the greatest difficulty that we have to contend with is in finding out about the women who are applying for registration. They send us a paper, and the name of the applicant is strange to all the Board of Examiners; the name of the medical man is strange to the board, and it takes an immense amount of time for investigation and correspondence to find out who she is and whether she really is the person she represents herself to be, and that is the cause of the delay in a great many of the application papers. We have not as yet been able to get any knowledge of many women whose papers came in with the first lot, and they have to be put to one side because the Regents' office requires the Board of Examiners to sign a paper in which we say that So-and-so ‘is personally known to us and to this board as being able to meet all the requirements of the law.’ Now we do not sign our names to that paper unless some member of the board can find out something about the applicants, and if they are kept waiting ten years they will have to wait, and that is the only way our law is ever going to amount to anything. Political influence does not amount to anything; whether it is a Senator or the Governor who says, ‘I want this person's certificate rushed right through,’ that does not go. Just as soon as we can learn that she is the proper person she will have a certificate, but we have got to find that out first. If anyone now would like to ask me any questions about the New York conditions or the New York law I would be very glad to answer them.”

“THE JUSTICE OF AN EXAMINING BOARD COMPOSED OF NURSES”—
MISS S. H. CABANISS.

“To raise a question as to the justice of the Examining Boards for nurses applying for State registration being composed of nurses seems quite like endeavoring to add more truth to an axiom by the addition of superlatives.

“ Apparently, it has never occurred to the medical profession to place *dentists* and *lawyers* upon the Board of Medical Examiners, although patients sometimes require the *joint* services of all three professions. The selection of suitable nurses for military service, it has been quite generally conceded, is best left to the well-trained nurse of considerable experience rather than to a doctor, even though that doctor be a woman; and surely in *no* department of nursing is a more careful and rigid scrutiny of applicants essential than for the military nursing corps. A German, we readily admit, is the best judge of the *fluency* with which we may speak the Teutonic language, although some Frenchman may possess more than the ordinary colloquial knowledge of that same German tongue!

“ The important and very close relationship between intelligent nursing and the practice of modern medicine and surgery is very generally recognized in this day of scientific development and progress. By none is this fact more readily admitted than by our leading physicians and surgeons.

“ From no other source have we received greater encouragement and aid in our struggle for State registration than from the medical profession. But the question has already arisen, does not this interest sometimes prove of doubtful benefit to us? Not premeditated harm, but, like unwise counsel, it may occasion complications which are not to be advantageously adjusted without much effort and considerable expense of things material.

“ There has been a decided tendency on the part of the law-makers and our attorneys to confound the State Board of Nurses' Examiners with the *Medical* State Boards—so vague and limited the knowledge of the public as to the education, professional scope, and obligations of nurses. Some of the rather serious results of this confusion were experienced in the District of Columbia, where the Medical Board of Examiners desired to control the appointments, etc., of the Nurses' Board of Examiners. In Iowa the establishment of similar conditions was reported, but the nurses have been able to rectify the blunder or will do so at the next session of the General Assembly. North Carolina's State Board secretary reports ‘that they have put doctors upon their board as a matter of choice, since certain subjects are always taught in the training-schools more satisfactorily by doctors. If this be true of the teaching, why not equally so in judging of fitness for the work? That the nursing is not an independent profession, and the more closely allied the two (medical and nursing) the better, as we are *co-workers* in the battle with disease.’

“ It seems unnecessary, ill-advised, and distinctly a contradiction to place *doctors* upon a *nurses'* State Board of Examiners.

“Perhaps one can use no stronger argument in behalf of throwing the management of nursing affairs entirely upon members of that profession (particularly in regard to *State registration*) than to quote the opinion of the eminent pathologist of Baltimore, as expressed in his address at a meeting in that city which marked the organization of the Maryland State Association of Nurses: ‘You have to consider exactly how to proceed to secure the State Examining Board. I noticed that in several of the States the law was almost imperilled by efforts to secure the presence of physicians upon these Examining Boards. Now I am quite sure that it is not the function of the physicians to examine nurses. The nurse should not go forth without having come under the guidance of the physician, but your profession is a skilled profession which requires special knowledge possessed by the *trained* nurse and *not* by the physician. Akin as the professions of medicine and nursing are, they are still *distinct* professions, and there is no necessity, in my opinion, and there are certain *disadvantages*, in the requirement that physicians should be members of the Nurses’ Examining Board.’

“A member of the District of Columbia Association of Graduate Nurses at the Philadelphia convention of the Associated Alumnae explained to me that the JOURNAL and I had misunderstood the situation about an Examining Board in the District. The true state of the case is that the Nurses’ Board must come under the Medical Supervisor of the District, as does the Medical Board—a condition very similar to the arrangement in New York, supervision of the Board of Regents.”

“THE NECESSITY FOR LOW STANDARDS IN THE BEGINNING”—PAPER OF
MISS I. C. ROSE, READ BY MISS McISAAC.

“Without the least fear of arraying any opposing force against my statement—on the contrary, I voice the opinion of all who have been actively interested in the question of State registration when I say that the amount of good work that has already been accomplished is enormous. And if it were possible to have rehearsed to us the experience of each group of workers, we would be impressed with the fact that in every instance where the sought-for object was really attained it was reached through a gradual, slow growth, by carefully meeting each issue as it presented itself. All have met with disappointments, all have been brought face to face with the lamentable fact that there is so much that ought to be different from what it really is. But as no great and good thing comes simply for the asking, but requires a struggle to gain it, so in this undertaking it means close application to the underlying principles, repeated efforts if first ones fall short of the mark, and a determination born of an assurance that honest endeavor must, in the end,

win. And as we look about us we are not discouraged, but find an incentive to redoubled vigor, inasmuch as on every hand we see the effects of an impetus furnished by the agitation of State registration. Many hospitals and training-schools have wakened up to their shortcomings, and are making efforts to provide better conditions.

"This all takes time, and we must have patience, and not expect too much all at once. The tendency of our day is to hurry everything, and as a result we often rush headlong into matters that must be dealt with differently.

"Turning our attention to the various States, if we compare the results, what do we find? Who are the successful ones? Has it been those who considered haste the main factor in gaining the coveted object, consequently not giving the points at issue careful, thoughtful consideration before acting upon them; or has it been those who put time out of the question, preferring to 'make haste slowly,' doing nothing without most thorough deliberation? We are not at a loss for the answer. True, the work is all so new to us, along lines presenting phases entirely different from the usual training-school requirements, and therefore experimental in a way, and necessarily calling for calm, tactful, and matured counselling.

"If all training-schools were in a position to offer the same kind and amount of work, both theoretical and practical, one great difficulty would already be overcome. But, as we all know, there are many different standards, and to be just—neither too lenient nor too exacting—requires an unusual degree of judgment in order that such decision may be made as will draw the line just where it should come.

"And right here we must ask ourselves the question, which is the more advisable, to put our standard so high that only the smaller percentage of nurses can possibly meet the requirements, or at first shall we be content to have a more elastic standard? I think we will all agree that if we attempted the first for our plan of action, we would be compelled to accept defeat. For we would have arrayed against us naturally all who fell short of that standard. If, on the other hand, we measure from a lower notch in our scale, we at once enlist the coöperation of all within its scope. Of course, this is not to be carried to the point of sacrificing principle for the sake of gaining a thing which would profit us nothing by being gained in such a way. But we have more room for improvement when our standard is moderate, and for the same reason a greater number to be improved, than when it is so high that the rank and file cannot hope to reach it.

"Another viewpoint is that, given a little more chance, smaller and less completely equipped hospitals will feel the necessity for broader

work in order to compete with the more progressive ones, and indirectly the nurses reap the benefit.

"There is also a humane side to the question. At the present time there are many earning a livelihood and helping care for others than themselves who are not altogether to blame for not being first-class nurses, for the school in which they received their training did not give them the best. And every nurse cannot go to the best schools, as we well know. And, further, there has been no particular reason why prospective nurses should make careful inquiries about the various schools before deciding to which one she wished to make application.

"Should we not include those whose standards do not at present come up to the ideal requirements? and then gradually, as the schools are improved and brought up to a recognized standard, instead of, as at present, each one having its own, we can afford to insist upon a less lenient course.

"Another outcome of all this agitation will be the careful inquiry by young women wishing to take up this work as to the schools that will furnish them the best results, and schools that do not keep up in the march of progress will find that each year the material offering itself to them is less and less desirable. In a few years we will realize that the ranks contain a greater proportion of better-trained women, and the inferior schools will be crowded out of existence, or have been affiliated with large ones, and the standard be proportionately raised."

"STATE RECIPROCITY"—M. ADELAIDE NUTTING, JOHNS HOPKINS
HOSPITAL ALUMNÆ.

"Our extreme youth in matters of organization and legislation makes us pause for a moment before the word *Reciprocity*, and wonder if we have yet reached a stage where we are ready to consider a question concerning which this much, at least, is clear at the outset, that though it is important, it is not immediately necessary for our progress in organization, and that it presents under the best conditions many great difficulties which must be met and overcome before it can be satisfactorily established. It is also clear that the conditions which the field of nursing organization presents for the present handling of this question are not only by no means the best, but that they would offer peculiar difficulties to any active effort in this direction.

"But though we are young in these matters, we still have made a beginning in the organization of State societies, we have secured in a few States such legislation as it is possible to obtain under existing conditions of education in nursing and of the corresponding state of public

opinion, and our youth should not prevent us from realizing that some features in relation to legislation which do not seem to be of special importance or value to us to-day may prove vitally necessary at a later day, and from exercising the wise foresight which recognizes and provides for future possibilities and future needs.

“While the forming of State societies, which must usually precede legislation (sometimes by a considerable period), has been accomplished so far in only eighteen States (?), and while actual laws have been secured, I believe, in but five, the question of reciprocity does not yet come home to us with any pressing force or reality; that it is pretty sure to do so later, however, seems clear if we are to draw any inferences from the efforts in this direction of some other professions, notably that of medicine, to which we stand in close relation. Just how far reciprocity has made its way into the various other professions I do not know, but I am told that the most eminent lawyer in the country could not leave his own State to conduct a case in some others, that a woman who can teach a school with conspicuous ability and success in one State cannot teach at all in some others, and that the restrictions of the law in this respect extend into occupations as well as professions, and are felt by many to be annoying or oppressive.

“Such conditions not being entirely compatible with the ideals of freedom which this country is believed to cherish, it is probable that efforts towards reciprocal relations in most of these matters have been made, and probable also that in some limited areas, where the standards of education and the laws are similar, some such relationships have been already established.

“We know that among members of the medical profession the matter has been the subject of more or less agitation for a good many years, and we also know that though it seems to be recognized by them as highly desirable, no practical steps towards complete reciprocity have been taken.

“From time to time committees from various bodies of medical men have been appointed to consider the subject. They have done so: have discussed, argued, disagreed, and finally concluded—their reports have been presented, and there the matter seems to have ended. No doubt progress is being slowly and steadily made, but the reports seem to show that the question is not a burning one; that, on the contrary, there is a considerable degree of apathy concerning it; that members are not in entire accord as to what they do want; that the formidable thing known as “*legislative obstacles*” stands in the way of obtaining such measures as have been agreed upon, and, finally, that reciprocity is still a long way ahead.

"These facts are dwelt upon to give emphasis to our statement that efforts on our part in this direction are not of immediate and urgent importance, and to encourage those of our members who are likely to be disappointed if something is not done about this matter on the spot.

"What is of importance to us is a general understanding of the matter, of its ultimate necessity, and of the means which should be employed to bring it about.

"To us there seems to be a reason for considering this matter with the utmost carefulness, quite apart from those generally considered in this connection; this is the widespread and universally recognized propensity of nurses to migrate. Nurses are the wandering spirits of the earth; their training teaches them to be ready to march, like a soldier, at a moment's notice; they seldom become deeply rooted in one place, seldom accumulate cumbersome belongings; they divest themselves of everything which may impede flight, and a change of residence becomes about as easy for them as for an Arab. Professional calls and needs carry them hither and yon from one quarter of the globe to the other for periods which may be brief, a few weeks, or may lengthen into years; they never know which. A nurse may in ten years actually live and carry on professional duties in half a dozen different States. With this in mind, it seems not unnatural to conclude that reciprocity may have even a deeper meaning for us, its establishment may be more essential to our general welfare than to that of those whose tendency it is to remain settled and known in one place. The ability to carry on our professional duties wherever we may be called or sent, without any embarrassments or delays, would seem to be rather imperatively necessary if we consider the matter from the stand-point of its benefit to ourselves only. But, just as we look with sharp scrutiny into the possibilities for useful citizenship offered by the strangers from other countries who present themselves at our shores, so may each State freely inquire whether its homes and institutions are likely to be benefited or endangered by the entrance therein of workers from other States. If its standards set up in certain directions for the welfare and protection of the community are met by disabilities, its right to say 'not allowed to land' is unquestioned.

"Reciprocity between States in nursing legislation is like commercial reciprocity between nations. Its distinctive idea is a sort of treaty by virtue of which certain advantages and privileges offered by one party are responded to by equal advantages and privileges from the other. This presupposes at once a certain equality of conditions, and conformity to definite and known standards, which make the value of the thing offered as great as the privilege granted.

“Towards reciprocity in nursing we take our first step when we ask for laws which shall establish standards of education for nurses, and require that those wishing to practise as professional nurses shall be proved to conform to those standards by a competent Examining Board. These laws are the very beginning of our efforts towards uniformity in nursing education, and they must also lie at the root of any attempt to establish reciprocity on a sound and permanent basis. It is difficult to legislate greatly ahead of existing conditions or of present public opinion, but the ultimate result of careful legislation upon educational systems must be marked. The schools of the future will find it absolutely necessary to their existence to conform to established standards, and Examining Boards will have much influence upon and control over nursing education. In those States where the standards are not high, nurses who are now trying to improve them by means of legislation may find the subject of future interstate reciprocity an excellent lever. It seems to me that neither educators nor legislators could resist the argument that a low standard would make it impossible for nurses graduating from schools in their States to obtain recognition or opportunities for practising elsewhere. If the requirements for registration in Kentucky, for instance, demand that a candidate shall be over twenty-one years of age, shall conform to definite standards of preliminary education, and that she shall have received two full years of training, practical and theoretical, in a general hospital in which medical, surgical, and obstetrical patients are treated, and instruction is given in anatomy, physiology, hygiene, and sanitation and dietetics, while the requirements for registration in Texas, for instance, are covered by simply two years of practical and theoretical training, with no further stipulation of any kind, there can be little use in talking of reciprocity until Texas has come up, unless we want to give a new meaning to the word and reduce it to an act of friendly courtesy. Those desiring opportunities of working in other States should be required to conform fully to the *rigidly* maintained standards of such States.

“It follows naturally, therefore, that uniformity of education in nursing should be achieved to some accepted degree before we can be ready to take up the question of reciprocity as a national matter.

“According to a statement in the editorial pages of a late number of *THE JOURNAL OF NURSING* it appears that recent investigations show ‘an entire lack of uniformity of instruction both theoretical and practical in schools throughout the country.’ I do not know that anything could be clearer, more positive, and more comprehensive than this statement. It is not limited nor qualified, and leaves us no room to wriggle out in any direction. Is it true? Statistics leave us little room for

doubt. If we take the qualifications for admission, we find that the age limit, while nominally from twenty-three to thirty-five years, in reality ranges from eighteen to forty years. I think I am safe in saying that the pupils who enter most of the smaller schools are nearer eighteen than twenty-three years of age. In the education of applicants the utmost liberality prevails—graduates of public schools, private schools, high schools, convents, and colleges enter side by side with an equal number who have graduated from no schools of any kind, some whose education is so meagre that they are taxed beyond their powers when required to write, spell, and punctuate properly an ordinary letter. Is there anything here upon which to graft a professional education?

“As to the period in training, it may be one year, two years, three, or even four years (witness a school in Massachusetts), or it may be ten weeks, according to a much advertised and surprisingly well-indorsed school in Philadelphia.

“It is but fair to say that three years seems likely to become the accepted uniform period of training, inasmuch as we find that out of five hundred so-called schools in America two hundred and thirty have adopted that term as a satisfactory period for the full course of study. Two of these schools with the three-years' course of study are attached to hospitals of ten beds each, and one enterprising institution finds itself in the happy position of being able with eight beds to furnish material and opportunities for a full three-years' course on the curious principle that the less one has to do, the longer time it takes to do it. The training-school may be established in connection with almost any building in which the sick are received and cared for, no matter what its size and purpose. Of more than seventy hospitals with schools attached the greater number have less than twenty-five beds, the larger number of these averaging from twelve to eighteen beds. Those hospitals supporting schools (sometimes to some extent supported by them) may be the useful general public hospital, the private sanitarium, or the hospital for the treatment of special diseases only. As for the subjects of practical teaching, they may be medical, surgical, gynæcological, obstetrical, embracing also all contagious diseases and orthopædics, or they may be limited almost entirely to surgical work, perhaps chiefly gynæcology, possibly in a hospital largely given over to the care of private patients. The training may be given in the hospital, or partly there and among private patients outside, or it may be picked up without careful supervision in the highways and byways of the city. There may be a monthly allowance of money paid to each pupil, and the sum may actually range from two dollars a month to fifteen dollars. The same sum may be paid each year of the three, or a different may be paid in two of the years

and not in the third one. Of a list of schools recently inspected we counted one hundred and twelve schools paying ten dollars a month to their pupils, and between seventy and eighty paying five dollars. There seemed to be no obvious reason for this wide variation; perhaps a glimpse into the treasury might have revealed it.

“In pleasing opposition to this method are a few schools which charge a tuition fee—and still further variety is found in the rapidly growing number of schools where the pupils neither pay nor are paid, and the work is conducted on what is called the non-payment system (about thirty of our representative schools have adopted this plan).

“The period of duty in the wards may be eight, nine, ten, or twelve hours. As for the methods of teaching, they exhibit a bewildering and fascinating variety. Take the fundamental subject of anatomy and physiology, for instance. It may vary from a course of six or eight lectures to one which occupies seven hours weekly for twelve weeks. It may also be omitted altogether from the course of instruction. The preparation of food for the sick and the study of food properties may be taught in a series of eight to ten lessons, each one hour long, or it may require four to six hours of practical instruction daily for two months. This brief summary of conditions which are known to exist shows plainly the diversity of methods and conditions. Surely, it may be possible by experiment, comparison, and test to settle upon some allotment of time for such subjects. Until we can further emerge from this chaotic and disorganized condition of nursing education, which permits every hospital or sanitarium in the country to establish and maintain a school for nurses in its own lines, until we have established and accepted some minimum standards upon which it is safe to work, we may continue to secure laws in certain States, but they will vary so greatly that the standards of one State will probably not prove acceptable to another. A comparison of such laws as have already been enacted shows this plainly, but it shows also that a liberal attitude in regard to reciprocity prevails. It is held by at least two out of the five States which have secured State registration, and we note the same spirit in the framing of another bill which has not yet passed. Reciprocal relations between two or three States whose standards of education and professional training are similar, and whose Examining Boards accept fully the standards of the others, might be established at an early date. The writer is of the opinion that it is possible to be *too* liberal and to fail to realize fully how carefully we should guard against the invasion of a lower standard from one State than that which has been set up by another.

“School announcements may mean one thing, their methods of work

quite another, and we cannot be too searching in our investigations, too exacting in upholding our requirements.

“If a candidate has failed to find high standards in her own State, she should meet and learn to recognize them in another. States may accept without examination those registered applicants from States having higher requirements; they should unhesitatingly reject those of States which have inferior.

“This much is open to us now: In framing our laws we may do so with distinct reference to future reciprocal relations, and in each State we should aim at establishing a standard sufficiently high to prevent its exclusion from other States. At the same time we should state with the utmost definiteness the basis on which these relations are allowed. We should know that the requirements and examinations are substantially the same and may be justly accepted as an equivalent for our own. The certificate of registration of a nurse from another State could be accepted by an Examining Board under general conditions somewhat as follows—first, that the preliminary education of the applicant and the period of education in nursing are such as the board requires; second, that the applicant must show that she has passed an examination in practical and theoretical nursing of substantially the same character as that required by this board, and that she has been fully registered. Finally, we must remember that uniformity in nursing education is our way, and only way, to complete reciprocity.

“Our efforts must be directed straight to our educational system, and we should give freely our best strength and energy to its development and improvement. It is possible that through some central body—a Central Examining Board, Advisory Board, or Board of Control—we might more speedily get at the desired basis of uniformity; but such a body can hardly be created, or work effectively even if it existed, except through a closer union of State societies than has as yet been suggested, or perhaps even thought of. When the State societies know each other better, and realize more fully not only the needs and possibilities of their own territories, but of the wider field occupied by the entire profession, it is possible that some such Central Advisory Board or Examining Board may arise naturally and that it may exercise a beneficent influence over the entire nursing body of the country. One thing we must realize—that is, the ideals which inspire the growth of any educational work must change from year to year; they cannot remain fixed and unalterable; they must grow, and we must grow with them if we wish to be worthy of our responsibilities and really great opportunities.”

PRESIDENT.—After listening to these comprehensive, interesting, and instructive papers it may seem a little hard for you to come down to the reports of the State associations. We have such reports to offer you. We hope that the report of one State may show possibly the reason of the difficulty in another State, else we would hardly have the temerity to offer these reports at this time. We will now call for the reports of the State societies. These are in the hands of the secretary and she will now present them.

Reports of the State associations were read as follows: Miss Paxton, the report from District of Columbia; Mrs. Wilcox, from Connecticut; Miss McCully, from Indiana; Miss Wheeler, from Illinois; the secretary, from Louisiana; Miss Dunderdale, from Maryland; Miss Metcalfe, from Massachusetts; Miss Smith, from Michigan; Miss Damer, from New York State; Miss Wyche, from North Carolina; Miss Mapes, from Ohio; Miss Brobson, from Pennsylvania; Miss Webb, from Virginia.

CONNECTICUT.

"Connecticut has only made a beginning in State registration. At a preliminary meeting, held by the local graduate nurses of New Haven under the auspices of the Alumnae Association of the Connecticut Training-School for Nurses, a mass meeting was called for February 17, 1904, inviting all graduate nurses in the State to attend, the meeting to be held at the New Haven Hospital. About eighty nurses responded. Miss Palmer spoke informally on State registration. At this meeting a State association was formed. A Nominating Committee and a committee to draw up the by-laws of our constitution were appointed, to report at a meeting to be held in Hartford, May 28, 1904."

DISTRICT OF COLUMBIA.

"The Graduate Nurses' Association of the District of Columbia was formed in November, 1903. Miss G. M. Nevins, of the Garfield Memorial Hospital, was elected president. Miss Marian Little, of the Homœopathic Hospital, secretary, and Miss P. E. Jennings, of the Children's Hospital, treasurer. There are one hundred and thirty members. A bill to secure registration was prepared and introduced in both houses of Congress, but no action was taken. The nurses hope to work for another and more satisfactory bill next year."

INDIANA.

"In August, 1903, members of the Alumnae of Hope Hospital, Fort Wayne, took steps towards the forming of the Indiana State Nurses' Association. Circulars were sent to all the training-schools for nurses in the State and notices inserted in the leading papers. On September 3 a meeting was held in Fort Wayne. Samuel M. Wayne, president of Hope Hospital Association and one of the city's most successful business men, delivered the opening address. The sense of the meeting was for immediate organization. A constitution and by-laws were drafted, discussed, and adopted, and a Nominating Committee was elected and instructed to prepare a ticket to be presented and voted upon at a meeting to be called by order of the Committee on Arrangements. This second meeting was called for November 27, 1903, at which time election of officers took place and chairmen of committees were appointed, resulting in the following: President, Mrs. E. G. Fournier, Hope Hospital, Fort Wayne, Ind.; first vice-president, Miss M. Henderson, Union Hospital, Terre Haute, Ind.; second vice-president, Miss L. Hill, 422 West Fourth Street, Fort Wayne, Ind.; secretary, Miss M. Scott, Lexington Place, Indianapolis, Ind.; treasurer, Miss F. Grant, City Hospital, Indianapolis, Ind.; chairman of Nominating Committee, Miss C. Speechly, 422 West Fourth Street, Fort Wayne, Ind.; chairman of Arrangements Committee, Miss M. Scott, 55 Lexington Place, Indianapolis, Ind.; chairman of Legislative Committee, Mrs. Bulk. Brown, Indianapolis, Ind.; chairman of By-Law Committee, Miss S. Boulten, Evansville Sanitarium, Evansville, Ind.; chairman of Credential Committee, Miss E. John-

ston, 825 Christian Place, Indianapolis, Ind.; chairman of Publication Committee, Miss A. Clark, 422 Fourth Street, Fort Wayne, Ind. About sixty members were enrolled. Dr. M. F. Porter, Fort Wayne's most eminent surgeon, and Mrs. E. G. Fournier, the newly elected president, both addressed the meeting. Indianapolis, through her delegate, sent an invitation to hold the next session of the association at that place. The invitation was accepted and February 22 was selected for the time. After a social hour spent at the Nurses' Home, adjoining the hospital, the meeting adjourned. A very enthusiastic session was held at the Grand Hotel, Indianapolis, February 22. Delegates were present from Terre Haute, Shelbyville, Fort Wayne, Lafayette, Logansport, Marion, Evansville, Indianapolis, and other places. Steps were taken at this meeting to become incorporated. Articles of incorporation were drawn up and the seal decided upon. It was also decided to divide the State into districts for the purpose of thorough organization, and circulars were distributed systematically throughout the State. The annual meetings of the organization are to be held in Indianapolis each fall, while the semi-annuals will be held north and south of Indianapolis alternately. Indiana is a little peculiar in that she has very few training-schools for nurses, although she has a very large number of nurses who are graduates from other States, so that the membership will be composed almost entirely of individual members. A lively interest is being manifested, and the outlook for a successful organization is very bright and encouraging."

ILLINOIS.

"During the past twelve months eighty members have been added to our ranks, making the membership to date four hundred and forty. The constitution and by-laws adopted by the society at the time of its organization were found to be inadequate to the growth of the association, and to meet the demands it was necessary that they be revised. Miss Idora Rose, Miss Katherine DeWitt, and Mrs. G. J. Fleming were appointed a Committee on Revision. Failing in our efforts to secure State registration, the next best move seemed to have published a pocket directory, to contain the name, address, telephone number, school, and year of graduation of members of the Illinois State Association of Graduate Nurses, thus furnishing doctors with substantial proof that the nurse whose name is found therein is a graduate of a recognized school in good standing. The subject of a central directory was discussed at the August meeting. The superintendents of all schools with one exception signified their willingness to transfer their directories to a central directory, providing they were assured of its proper management. The subject was discussed at length, but no action was taken. We have adopted a badge, designed by Sister Ignatius, also a motto, 'Virtute et Labore.' We consider the very best work accomplished during the year the establishing a 'quarterly' in which are set forth the minutes of the meetings, subjects discussed, papers read, and the general workings of the organization, also items of interest among the nursing profession in Illinois. Nothing we have done since our organization has met with such general approval as the publishing of the 'quarterly,' as it keeps each individual nurse informed of the proceedings of each meeting, also what the association is endeavoring to do for the general welfare of the profession. After the publication of the second number the question arose as to whether it should be continued, as the cost of the publishing was found to be more than our treasury could meet. The matter was much discussed at the February meeting, and the majority were in favor of its continuance. It was voted that ways and means for defraying the expenses without calling on the treasury be left to the Publicity Committee. The Publicity Committee have solicited advertisements, and so many of the nurses have signified their willingness to subscribe for it that it has been decided to ask an annual subscription of fifty cents and continue the publication. We have endeavored to keep alive the interest of the members and to keep before them the fact that we still have to work for *State registration*."

LOUISIANA.

"The Louisiana State Nurses' Association was organized March 16, 1904, with a membership of sixty-three, representing five of the six training-schools in the State. The membership consists of individuals and now numbers eighty.

Finding that the present legislators meet May 9 and not again for two years, we have put forth every effort and have adopted a bill to go before them this spring. We do not claim originality in our bill. It is modelled from the Maryland bill, as that is so complete and concise. However, it was deemed best to require, for the present, 'a course of two years or more.' No school here has ever required less than two years, and some now require three years. It was not intended to make a positive statement in the report contained in the May number of the JOURNAL that it 'will not be as difficult to obtain registration in Louisiana as in States where the standard is less uniform,' but we hope it will be less difficult. The ways of lawmakers are devious and not always certain. However, we have received much encouragement from high sources, and we trust that by July, if not earlier, we may be able to say, 'Louisiana has State registration for nurses.'"

MARYLAND.

"On December 14, 1903, the nurses of Maryland, about four hundred in number, met in the assembly rooms of the Arundell Club, of Baltimore, for the purpose of forming a State society. Previously there had been several meetings of the superintendents of training-schools and presidents of *alumnæ* associations to devise plans for the organization, and the result was that the question had been fairly well discussed. Committees had been formed to present at their meeting in December a constitution and by-laws and a possible bill. Miss Nutting, the chairman, stated the object of the meeting and introduced the speakers, Mrs. William N. Ellicott, president of the Arundell Club; Judge Henry D. Harlan, of the Supreme Bench, and Dr. William H. Welch, of the Johns Hopkins University. Each gave the nurse all possible encouragement. Judge Harlan spoke of State registration for nurses not only as a privilege, but a right—that every genuine nurse should be known from the counterfeit. Dr. Welch advised, if possible, to have the State Examining Board consist wholly of nurses. He said: 'I am quite sure that the examining of nurses is not work for the physicians. They have something to do with the training of a nurse, but, akin as the professions of medicine and nursing are, the profession of nursing requires a special knowledge possessed by the trained nurse and not by the physician.' After a short intermission it was voted to form a State association. The constitution, previously prepared by a committee, was presented, unanimously adopted, and the Executive Committee was at once elected, with Miss M. Adelaide Nutting, of the Johns Hopkins Hospital, as president. The following morning the by-laws and the bill, to be presented to the coming session of the Legislature, were presented and adopted. This same bill, with only a few changes suggested by the Advisory Board,—Judge Harlan and Dr. Welch,—was made a law by receiving the signature of the Governor on March 25, 1904—a little over three months from the first public meeting. Briefly speaking, the bill provides that after June, 1906, a registered nurse in Maryland must be twenty-three years of age, have had a high-school education (or its equivalent), and have graduated from a training-school connected with a general hospital where three years of training, with a systematic course of instruction, is given, or have received the equivalent from two or more hospitals. Ample provision is made for all graduates of general hospitals and for all having obtained an equivalent training in one or more hospitals who are already in the field. It does not prevent any person from caring for the sick, but it does make a distinction between those who have acquired their knowledge by years of systematic work and study, and those who have obtained a bit of knowledge here and there. At a special meeting of the association, held April 15, 1904, twelve names were selected as provided by the bill in Article I. From this number on May 5 five nurses were appointed by the Governor, to form the Examining Board of Nurses for the State of Maryland."

THE MASSACHUSETTS STATE NURSES' ASSOCIATION AND THE MEASURE TAKEN TO PROMOTE A BILL FOR THE STATE REGISTRATION OF NURSES.

"A mass-meeting was held in Faneuil Hall, February 26, 1903, in which the organization of the association was partly accomplished. June 11, 1903, the organization was continued in the meeting held in the Century Building.

Another meeting was held October 21, 1903, in the Century Building, to effect a revision of the membership clause in the constitution, adopt the by-laws, and elect the remaining officers in accordance with the constitution. January 13, 1904, the members of the association were called together in the Century Building to receive the reports of the councillors representing the county associations and the report of the Legislative Committee in regard to the proposed bill of State registration for nurses. The bill was presented to the General Court and a hearing was given by the Committee of Public Health at the State House on February 15, 1904. An opportunity was given the Legislative Committee to revise the bill, which was done under the advice of an attorney. The revised bill was referred to the next General Court by the Committee on Public Health on April 4, with no unfavorable comment, and this action of the Committee on Public Health was confirmed by the House and Senate on April 5, 1904. The membership of the association is about six hundred. The requirements for active membership are that each nurse applying for admission shall be a graduate of a recognized training-school for nurses connected with a hospital or sanitarium having at least a two-years' course in the above-named institution. She must also be acceptable to the councillor who presents her name for membership. Most of the counties in Massachusetts are represented by county associations."

MICHIGAN.

"A mass-meeting was held in Detroit, Michigan, on May 10, 1904, for the purpose of forming a State association. One hundred and ten graduate nurses from throughout the State responded. Addresses were delivered by Honorable W. Maybury, Dr. J. H. Carstens, and Judge C. A. Kent. The organization was formed, constitution and by-laws adopted, and officers elected. It is hoped that a bill for State registration may be presented to the Legislature in January next. This bill will be modelled on the Maryland bill somewhat, and we expect to be able to tell you a little more next year than we are able to tell to-day."

NEW YORK.

"The question of a State organization for New York State was brought before the delegates at the Nurses' Associated Alumnae Convention held in New York City in May, 1900. The day following a meeting was held at the Presbyterian Hospital and a Committee on Organization appointed, which called a mass-meeting in Albany the following April, when the State society was organized. Both individuals and societies are eligible for membership, with the expectation that ultimately the county society will be the unit of membership. A Legislative Committee was appointed to prepare a bill, which was submitted to the association, and after being thoroughly discussed was introduced in the Legislature in March, 1903, and became a law, receiving the Governor's signature in April. The licensing of nurses is placed in the hands of the Regents of the University of the State, who control all educational matters. They appoint a board of five nurse examiners, on whose recommendation the applicant is licensed. The registration of training-schools is also in their hands, no school being registered unless it comes up to a certain standard. A hospital maintaining a training-school must be incorporated, and a standard of requirements for the hospital itself is now being worked out. Inspection of all registered training-schools in the State will also be undertaken. The association has now about two thousand nine hundred members, holding two meetings each year—the annual meeting in Albany in April, and an autumn meeting in some other city."

NORTH CAROLINA.

"The North Carolina State Nurses' Association was organized on October 28, 1902, with about thirty-eight members. A bill providing for State registration of nurses was secured March 3, 1903. We now have fifty members, and are to hold our second annual meeting the last of this month, when we hope to take the following steps: The adoption of a uniform curriculum with three-years' course and little pay; the establishment of a six-months' preparatory course for nurses at our State Normal and Industrial College; a committee to secure revision of our bill if possible."

OHIO.

"The Ohio State Association of Graduate Nurses (incorporated) was organized in Cincinnati January 27 and 28. At the meeting on January 28, after the adoption of the constitution and by-laws, a bill to be presented to the Ohio State Legislature at its present session was read and adopted. This bill with some alterations was on the lines of the bill prepared by the Maryland State Association of Graduate Nurses. The Committee on Legislation reported that after a careful study of existing bills relating to State registration for nurses the Maryland bill, in their judgment, demanded the highest educational standard, and also gave the State association the power to select a number of desirable candidates from whom a Board of Examiners could be appointed; they therefore recommended the adoption for the Ohio State Association of a similar bill. This bill was submitted to eminent legal opinion and under the Constitution of Ohio was declared unconstitutional on two counts: First, because it limited the appointive power of the Governor, and, secondly, because no woman can hold office from the State, with or without emolument. It being too late to prepare a new bill before the close of the session, and a bill which must cover all essential points, the matter has been deferred until the next meeting of the State association, in October, 1904, when further efforts will be made and plans for forming local and county associations for graduate nurses discussed."

PENNSYLVANIA.

"The first movement towards the organization of a State society in Pennsylvania was made by the alumnae of the Hospital of the University of Pennsylvania. They called a meeting of the nurses of Philadelphia on April 18, 1903, at the University Hospital. It was decided at this meeting that a committee of twenty-five from representative hospitals and their alumnae should be appointed to continue this work. The result was the effecting of a preliminary organization in Philadelphia on June 8 and 9, and its establishment on a permanent basis in Pittsburg on October 5 and 6, 1903, by the nurses of the State. Since then the list of members has grown to between three and four hundred. A constitution and by-laws have been adopted, a charter will be applied for within the next three months, and a bill enforcing registration of nurses will be presented at the next legislative session. Feeling the almost vital necessity of comradeship and good-will among ourselves, and a clear comprehension on the part of the public of our needs, we have been content to use this, our first year, mainly in educational work. To that end we have had frequent meetings, at which the discussions and the papers read have been of wide-reaching interest, not only to nurses, but to the laity as well. The intelligent sympathy, the hearty coöperation of different social, educational, and professional bodies, and the general good-will which have met us on every side induce belief in the wisdom of our decision to 'make haste slowly,' and we hope that we may deserve and receive the continued sympathy and support of each and every one in the coming year."

VIRGINIA.

"The Graduate Nurses' Association of Virginia sends her delegate to you to-day with a report of the work that has been accomplished in the State in the past year. The law regulating our profession, which went into effect in May, 1903, thus far has proven of interest and of great benefit, not to the nurses alone, but to the physicians and, most important of all, to the public, who have long felt the need of this protection. During the last Legislative Assembly our law has been threatened from two sources only with amendments—once through political friends of pupil nurses of a private hospital, and once again by a female physician connected with a colored training-school, who endeavored to have amended the seventh clause, which regulates the title of "R. N.," but by the hard work and diplomacy of our invaluable president both of these disturbing elements were defeated, and it is with great pleasure that we announce to this assembly that we have passed one year without harm, and the Virginia nurses State law remains intact to day. As yet we have not been subjected to a State license, though we cannot hope to keep free from this tax many years. The State Board of Examiners have done good work. They have received three hundred

and forty-four applications for certificates, for which two hundred and twenty-six certificates have been issued, the remaining one hundred and eighteen being held for investigation by the board, which convenes May 27 and 28. The Executive Committee of the State association has under consideration a plan for the establishment of a course in domestic science in some college, or normal or high school of the State, and will require all applicants to training-schools for nurses to present a certificate of graduation from this department. A plan also for the establishment of a nurses' sick benefit fund has been laid before all the local societies of the State, and at our annual session, to be held May 24, 25, and 26, we hope that these plans and many others for the advancement of our schools will be perfected. We consider ourselves fortunate, indeed, that in the pioneer days of nursing in the Sunny South we had as our leader and adviser a woman of force, power, and inspiration, who has always held before us, by word, precept, and example, a standard which her followers will ever labor to attain, and for what has been accomplished by the nurses' State association of Virginia all honor is due the president of this association, Miss S. H. Cabaniss."

PRESIDENT.—I would suggest to the different alumnae associations represented here by delegates that it might be a help to the chairman of the Committee on the Purchase of the JOURNAL if she could receive from each alumnae association its wishes expressed in the matter upon a slip of paper. We are now adjourned to meet to-morrow morning at ten o'clock in this hall.

Third day, Saturday, May 14, 1904—Morning.

Meeting called to order at ten A.M., the president in the chair.

PRESIDENT.—We will call for any announcements that the secretary may have to make.

The secretary reported as follows:

"At the meeting of the Executive Committee, held at the Drexel Institute May 14, 1904, the Philadelphia and the St. Joseph's Hospitals of Philadelphia were admitted to full membership. The Dr. Price Alumnae was not found to be eligible for membership in the national association; the Lebanon was placed on file pending further correspondence. The committee would remind you that when the national association was organized it was decided that New York should be considered as the headquarters, but that occasionally invitations to visit large nursing centres should be accepted. These invitations have been accepted now for several years,—Buffalo in 1901, Chicago in 1902, Boston in 1903, Philadelphia in 1904,—therefore the committee would recommend that the association come home in 1905."

PRESIDENT.—This brings us to that section of our programme known as "Central Directories," which was given, as was that of yesterday, to a member of the alumnae association, and is in charge of Miss Helen W. Kelly, of the Illinois Training-School. I have great pleasure in presenting to you Miss Kelly, who will give you this programme.

MISS KELLY.—I feel that I very inadequately fill Mrs. Hutchinson's place, but am very glad to do anything in my power to further the interests of the association, and shall call upon Miss Ahrens to give the paper prepared by Miss MacMillan.

Miss Ahrens gave Miss MacMillan's paper as follows:

"CENTRAL REGISTRATION.

"Central registration may be a good thing, provided it comprises much beyond mere registration, which of itself is not of sufficient im-

portance to call forth unusual effort to obtain. In fact, there may be some objections to a registry other than one connected with a school where several hundred women place their names and receive calls. The woman in charge of this is apt not to be familiar with the strong and weak points of each nurse, thus at times placing nurses on cases where they will do justice neither to themselves nor to their patients. Among so large a number the deficiencies of the nurse who is anxious to get through life as easily as possible are liable to be overlooked, which cannot fail to react against the woman of irreproachable professional reputation whose name is on the same list, and to lower the general standing of the registry. The same weaknesses are found in school registries, but these are held somewhat under control by the smaller size of the list and the more complete knowledge of the record of each member enrolled.

“The central registry is of assistance to the nurse starting work in a town other than that in which she graduated by giving her an opportunity to make a beginning. It is also a convenience to the second- or third-rate nurse whose own school registry knows her so well that it hesitates placing her on cases similar to those in which she has already failed, and in consequence of which she feels aggrieved. To the good nurse it makes little difference where she registers, for when once started she is in demand and is frequently independent of registration. If the physician and public are to be considered, a central registry is of no special convenience to them. The school registries serve these as well if not better, and if central registries be organized, we would have to educate them to apply there.

“The removal of nurses’ registries from the hospitals would be of the greatest possible relief to superintendents of nurses’ schools, who are already overburdened with duties and weary of hearing complaints from nurses dissatisfied with work superintendents do merely because these nurses show neither ambition nor ability to do it for themselves.

“Central registration may be a debatable point, but there would seem to be no doubt that the management of her registry should be, through her *alumnæ*, in the hands of the nurse herself, who so far has refused to recognize her responsibility and has left the burden to be carried by her school as best it could. If she would take up this, her rightful task, she would at least be relieved of the reproach of duty neglected; she would have the opportunity of controlling affairs which it is her privilege to control, and of at least adopting that policy she has so long advocated.

“It is the private-duty nurse who will be benefited or injured according to the degree of success or failure with which the registry meets,

and should therefore regulate its policy; and it is she who should gain by that process of development coming from responsibility assumed.

“Granted that each alumnae should take care of its own registry, it would be a simple step for the several alumnae to combine, and instead of two, four, six registries, have one large, central one. If this combination were for registration alone, it would not seem advisable, the smaller registry being better able to care for its members.

“Should, however, on the other hand, central registration be only one feature of a large scheme, in which by combination nurses may have club-houses with reading-rooms, bed-rooms, common kitchen and dining-room, with a gymnasium if they wish it, lecture courses, and other privileges, which will improve their method of living, add to their happiness, and be an inspiration towards better work, then it is well worth the necessary effort.

“As the accomplishment of such a work requires organized effort, if this were not brought about by the union of local alumnae, it would seem reasonable to suppose that the local association might be utilized for the purpose. The Board of Management of the registry, appointed from among the members of the local association, would assume all responsibility, it in turn electing its Executive Committee to come in closer contact with the work, this committee to supply rules and enforce their obedience, to select and assist the officer in charge, to keep in constant touch with its development, and to report results to its board.

“The officer in charge should be, preferably, a nurse. She alone understands the ambitions and attitude of the nursing profession, and, naturally, she must be a woman of broad mind, perfectly impartial towards individuals and schools.

“Without doubt, as in all new enterprises, mistakes will be made in the management, by which the individual or the registry itself may suffer, but these should not be of a grievous nature. There are now in the nursing profession enough old heads who know what the nurse needs, who are capable of leading, and the younger women will do well to recognize their knowledge and be willingly guided.

“It would seem that the question at stake is not whether nurses can make a success of central registration,—nurses can do anything they undertake,—but whether it is worth their while to attempt it. In its best and broadest form it would seem worth while, for it means a union of nurses to bring about, by their own efforts, changes which will at once develop the nurse by the effort she puts forth to do for herself what is now being done for her, and which will ultimately give the nursing profession a position in the eyes of the public which, so far,

it never has held, and will fail to hold until nurses organize themselves into a body of self-regulated and self-governed professional women.

“If central registration brings us one step towards this ultimate goal, its accomplishment would be progression, and therefore beneficial.”

Miss Kelly then introduced Miss Balcom, who read the paper prepared by Miss Phillpotts:

“A CENTRAL DIRECTORY FOR NURSES AND HOW BEST TO MANAGE IT.

“That registries for nurses have come to be a necessity in all large cities is, I think, almost universally acknowledged. Of course, there are some who still contend that such institutions are not needed in the community; that each hospital has its own list of nurses or regular registry, where the names of the graduates with their addresses is kept and where they can be found at any time. This is true, but those who have at all studied the subject or considered the present condition of things will, I think, admit that regular registries for nurses are not only an advantage but almost a necessity to the nursing profession. What kind of registries, and how best to manage them, is the question to be considered at present.

“Is it advisable to have a number of registries in different parts of a city, each conducted in its own way, or is it best to have one central registry where the names of all duly qualified nurses of all the different hospitals in good standing can be found at any time? It seems that there can be but one answer to this question. The great advantage of having one central place where the name of any graduate nurse in good standing in her profession can be found on the shortest notice must commend itself to all thinking people. This is an age of centralization, everyone is so busy, so little time seems to be available for what we have to do, that we are constantly obliged to plan how we can best arrange things so that our work may be carried on to the best advantage in the least possible amount of time.

“If there were one central directory in each city wisely managed, and where a record of all reputable and properly qualified nurses were kept, one can readily see the great saving of time and trouble it would mean for both patients and physicians, especially the latter, and also the benefit that would result to the nurses themselves.

“We all, I think, realize that a nurse is very readily forgotten by both patients and physicians, but especially the latter, nor can we wonder at that when we consider the many anxieties and the intense nervous strain of a physician’s life.

"Frequently a physician is very well satisfied with the work of a certain nurse. She may be an entire stranger to him, she has not been trained in a hospital where he serves, she is not familiar to him, but her work has been satisfactory in every respect. When she leaves the case he compliments her on the way she has handled it with its various and difficult features, and he tells the nurse that he will be glad to have her another time; frequently he even asks for her card, which she is glad to give him, naturally expecting to hear from him again. Months after the nurse may meet the same physician, who greets her cordially and remarks that he has several times wanted her for certain cases, but that he had lost her card and had no idea where to find her. If there were one central directory such mistakes need not occur. A physician could call up the directory, mention the name of the nurse he wanted, and he could at once be put in communication with her, or at least be told whether she were available for a case or not.

"Besides the mere convenience of this system, a well-organized central directory would be a guarantee of good faith to the general public.

"No nurse should be found on the directory unless she were properly qualified in every respect. The fact that a nurse was able to register at the central directory would be proof that she was a graduate of a hospital in good standing, and also that she herself held credentials as to her character and her personal fitness for practising her profession; thus both physicians and the general public would feel that a nurse procured from the central directory was reliable in every respect.

"Having granted the advisability of a central directory, we next ask the question, Who is the person best qualified to carry on such an undertaking? Shall it be a graduate nurse, or a business woman, who, of course, has had no especial training in hospital work and cannot be expected to enter fully into the requirements of either nurses or physicians?

"It is urged by a number that so few nurses have any business ability; they are careless in their business methods, biassed in their opinions, hasty in their judgments, and, in short, not suited to take hold of such a business enterprise. A business woman, on the other hand, has herself well under control, she has been trained in business methods, is accustomed to handle the public, and in every way is better suited to take charge of such an enterprise.

"I know that there is a great deal of truth in all this, and I have in mind a most excellent directory for nurses managed wisely and capably by a woman untrained, indeed, in hospital work, but, guided by her tact and an intuitive knowledge of human nature, she has been singularly successful in managing a directory for nurses.

"It must be conceded that many nurses are, unfortunately, very poor business women; their irregular and uncertain life is not apt to foster or develop their business faculties, and they are, especially those constantly doing private duty, in great danger of becoming very narrow in their views of life. All this must be admitted by any unbiassed observer. Happily, however, every nurse is not unfitted for conducting a business enterprise. We have numerous examples of nurses who have been most successful in a business career, and have demonstrated that their training in the hospital has given them a breadth of view and a large tolerance, combined with orderly methods of business, that make them singularly suited for almost any legitimate business, particularly for conducting a directory for nurses.

"It is impossible for any but a nurse to understand or enter fully into the requirements, feelings, and perplexities of a nurse's life. None but a nurse realizes the tremendous strain which nurses are constantly working under, all the small irritating things that they are hourly encountering which take the life and spirit out of them, and also the danger that they are in of becoming simply money grubbers. Only a woman who has encountered the same difficulties and faced the same problems can realize what the daily life of a nurse is, and she is the one best qualified to warn nurses of their shortcomings and assist them by wise and sympathetic counsel. It is undoubtedly true that a competent business woman would make a better manager for a directory than an unpractical nurse, but, all things taken into consideration, I believe that a capable, progressive, broad-minded, and practical nurse is the woman best fitted to successfully conduct a central directory for the nursing profession."

The section on Central Directories was closed by Miss Fay reading the paper on the subject prepared by Sister M. Ignatius Feeny.

"Sitting in the restful twilight, when the busy day is ended, it is well to go out of self and think of the welfare of others.

"To-night our thoughts wander out through the big, busy city of Chicago. We glance at the palatial residences abounding in all the luxuries that wealth can procure, onward our thoughts wander into homes of plenty, and still onward down to the abodes of poverty, misery, and want.

"One element is found to exist throughout all the phases from extreme wealth to extreme poverty; none can escape the sentence of the Great Creator—'It is decreed for all men once to die.' In consequence of this decree all the children of Adam must suffer the ills of the human race, among which the heaviest are sickness and death.

"This same Father, who loves all His children, wishing to encourage them to love and aid one another on all occasions, gave us this lesson, 'Blessed are the merciful, for they shall obtain mercy.' Among the works of mercy the care of the sick holds a prominent place and has been promised a special reward in the life beyond the grave. Nurses are blessed to rank among those called to follow the example of the Good Samaritan by helping their neighbor in the time of need.

"Thus it is that when the dread visitors, sickness and sorrow, enter a household, the afflicted one is the object of all anxiety and interest; the members of the family turn all thought to the care and welfare of the afflicted one. They at once call a man skilled in the healing art, that he may by his knowledge advise the remedies that possess the power to destroy the disease which threatens the life of the loved one.

"Whilst health dwelt in that household, peace, joy, and harmony reigned; now sorrow, care, and anxiety fill all hearts with solicitude.

"The medical adviser sees the family needs the aid of a skilled hand, a thoughtful mind, a will to act, with consciousness of soul. All these qualities are expected to be found in a woman trained for such trying emergencies; such a person the trained nurse should prove herself to be when called into a home in those soul-trying circumstances.

"The afflicted people request their doctor to send or recommend such a person, and the nurse is needed at once; any delay may be dangerous, and the arrival of the nurse is looked for with the utmost anxiety. The doctor telephones to Miss A.; her 'phone is out of order and he gets no answer. He then tries Miss B. Someone informs the doctor 'Miss B. is out; do not know when she will return.' He then with a sigh refers to his note-book for the address of Miss C. He calls her; she has just gone on a case. The doctor by this time begins to whistle. He again refers to his memorandum of nurses and calls Miss D. Yes, she is in, but cannot take his case, as she is engaged by Doctor So-and-so to take a case for him to-morrow. In despair the doctor calls up the superintendent of the hospital training-school, wants her to send him one of her best pupil nurses, as his patient needs immediate attention. The superintendent tells the poor doctor that 'The Illinois State Association does not allow sending out pupil nurses.' He is by this time in a frenzy of impatience and wants to know what the Illinois State Association has to do with it. The superintendent takes refuge behind the bulwarks of the society which has done this good work for the pupil nurse, as it secures to her her full term of training in hospital instead of being sent out to care for patients before she is fully equipped for such responsibility.

"The superintendent after much delay secures a graduate nurse for the case.

"A doctor told the writer that not long ago he sat three consecutive hours at a telephone trying to get a nurse to go into the country. He said he would not have had the patience to do it for himself, but a friend in the country had asked him to send him a good nurse as soon as possible. It was the desire to oblige his friend that gave him the perseverance on that occasion.

"This and similar circumstances occurring daily bring before the intelligently-thinking mind the need of a central medium by which all nurses may be reached at all hours of day and night.

"A lady in this city has managed such a concern for some years, and on close inquiries we fail to hear of any partiality or injustice on the part of the registry management, notwithstanding some one hundred and fifty or two hundred nurses have been registered at a time.

"In this great, busy city, now so populous and extending over so vast an area, and its seventy-odd hospitals and twenty-one training-schools represented in the Illinois State Association, and its hundreds of nurses trained and untrained, it certainly is time a central registering place should be established. When this subject was discussed at a meeting of the Illinois State Association there was much said in its favor, but a few schools objected. Those schools, we are informed, have since changed their views on this subject. The chief objection now comes from individual nurses, who fear they may be slighted. We know of nurses out of the training-school only a few months and others out for years, and they are kept busy all the time, or as nearly so as a nurse can be, by doctors not of their own school, and by men they had never met at their own school. Those nurses have, by their energetic efforts to please the doctors, taken good care of the patient and won for themselves the highest commendations of doctor, patient, and friends.

"Each nurse must endeavor to become all that she is expected to be. The qualities she should possess have been so frequently spoken of and written about that we will not reiterate them here. We simply refer to the well-known lines of Sir Walter Scott,—

‘ Oh woman, in our hours of ease,
Uncertain, coy, and hard to please.’

This depicts woman in her whimsical moods, when she too is at her ease and free from care. Let us examine and study the change in womanly personality and character when the occasion calls for strength, courage, and fortitude. The poet goes on to say,—

‘ When pain and anguish wring the brow,
A ministering Angel thou!’

"Let each nurse study—yes, *study*—to become to her patient a veritable ministering angel; then no one can deprive her of her patients, and doctors will always want her, and no substitute will fill her place when she is available.

"On this vast Continent of America, traversed as it is by a network of railroads and steamships, transacting an almost incredible amount of business and commerce, foreign and domestic, by means of telegraphy, the wireless or cable connecting the two hemispheres and uniting the Atlantic and Pacific slopes, thus simplifying and quickly dispatching business that would otherwise be slow and cumbersome, let the nurses learn the lesson of unifying the now complex, unsystematized manner of furnishing nurses; let one central station be established in the business portion of our city with an efficient corps of bright, business-like women to manage it, having enough help to attend faithfully to the work at all hours of the day and night.

"The subject may be settled by discussion as to how and by whom the registration shall be managed. The doctors all favor the idea, as the labor of securing a nurse will be greatly simplified.

"Let the rooms be for the nurses a place that they may call their own, where, retiring from the busy thoroughfares, they may enjoy the restful comfort of a chat with their sister nurses or meet friends; after a time a library may be furnished and general reading-room; luncheons may also be served and special meetings held—in fact, let them be a general rendezvous for nurses and all business regarding the nursing profession, registry fee covering all expenses.

"The thoughts expressed in this paper are only suggestions to call forth argument, or the use of reason to produce conviction; in other words,—

"‘A beam in darkness; let it grow.’”

PRESIDENT.—This concludes the programme for the morning upon this subject. It would hardly seem fair to those who so ably prepared this programme to pass it by without allowing you some opportunity to ask a question and receive an answer, although we have not time for much discussion. I will therefore give you an opportunity now to present questions upon this subject, and I feel very sure that those who have given it so much time and attention will be glad to answer them.

Then, if there is no question, we will pass on to our next item of business upon the programme, which will be considered in executive session. Therefore we will ask the visitors to retire at the close of some announcements that may be made by the Committee on Arrangements.

EXECUTIVE SESSION.

Meeting called to order by the president.

Roll-call by the secretary.

The secretary again made report of the Executive Committee meeting.

PRESIDENT.—Will you take some action now in regard to the meeting place of the next annual convention?

It was moved by Miss Ross and seconded by Miss Dunderdale that the next convention be held in New York City.

MISS GREENLEES.—Washington has wanted the national association to meet there for a number of years, and they extend the same invitation for next year. We have been very patient, and we have voted for these other cities and voted for Philadelphia this year. We give the same invitation now that you come to Washington next year and then you can go home to New York the following year.

MISS DAMER.—I am very much in favor of the association going to Washington. I think that we should go there; I think that it has been a great advantage to the association to go about; we have more than doubled our membership since we left off going to New York City all the time. Every time we move in another direction we bring in from five to eight new societies. I think that we have got in nearly all of the New York societies now, so that there will be nothing to gain by going there, but I really think we should go further south, and Washington would bring us nearer to a great many of the Southern societies and hospitals that have not come up this far north, but would come to Washington. Then there is another city that ought to be considered also, and that is Detroit. The societies there have been among our earliest members and we want to work for Michigan and Ohio. We want to go in that direction. I am in favor of going to Washington next year.

MISS McISAAC.—I think the only objection to going to Washington is that it would certainly be a tax upon the hospitality of Washington, Maryland, and Virginia to ask them to have two nurses' conventions there inside of six months. I think it would be better to postpone our visit there for another year.

MISS GREENLEES.—The entertainment of the societies will not overtax Washington. We are perfectly willing, able, and capable to entertain both societies, and on account of our registration bill, which comes up next year, we need all these things; we need the inspiration, we need the work, and we need the help that the national association will give us there.

MISS DAVIS.—I would merely like to say that we are very glad that we have a home and a headquarters in New York, and we would be very glad to go back to it when we do not find any other States willing to entertain us. When they do invite us I think it is our duty to go. We are supposed to move around for educational purposes. It is a very good chance, I think, to go to Washington, because they feel themselves weak and few and they need our support, and it would be a very wise thing to do; they know themselves whether or not their treasury is full enough to entertain us. I do not think the Superintendents' Society will require very much entertainment. They do not want it or ask it or need it.

On motion of Miss Greenlees, seconded by Miss Jennings, it was voted that the next annual convention shall be held in Washington.

PRESIDENT.—We will now pass on to the consideration of the constitution, which has been placed in your hands. I will ask the first vice-president to take the chair.

CHAIRMAN.—We will now call on Miss Riddle, chairman of the Committee on the Revision of the Constitution, to make a report.

MISS RIDDLE.—The report I furnished you yesterday is the report of our

work and what we have been trying to do. I will say further, by way of repetition, that the constitution was fixed last year, so that we have but the by-laws to attend to to-day, some of which were voted upon last year and accepted as a part of the law for the government of this body. We stopped at the eligibility clause. You have the constitution in your hands and it is unnecessary for me to read the clause on eligibility.

Moved by Miss Giles, seconded by Miss Yocum, that Article I. be accepted.

After considerable discussion, on motion of Miss Nutting, seconded by Miss Palmer, it was decided that after the word hospitals on the third line the words "or include a term in a recognized technical school" be inserted in Article I. of by-laws.

Moved by Miss Frederick, seconded by Miss McLaughlin, that the article be accepted as amended. Carried.

MISS RIDDLE.—If you will recall, or if you have the annual report of the proceedings at the last convention, you will remember that we passed the by-law on membership last year, so that we have nothing to do with that to-day.

On motion of Miss Yocum, seconded by Miss Smith, Article III., on annual meetings, was accepted as printed.

MISS RIDDLE.—I have only to make the same remark concerning By-Law IV. that I made about By-Law II., that it also was decided upon last year; the reason that we could so decide was because it did not interfere with eligibility.

CHAIRMAN.—We will now pass on to the next article, or By-Law V., the Board of Directors.

MISS DAMER.—In order to bring this up for discussion I will move that this by-law be accepted as printed. Seconded by Miss Ross.

MISS RUSSELL.—I would move that the first section of By-Law V. be amended to read that of the six Board of Directors two shall be elected annually—that is, six the first year, two to serve for three years, two to serve for two years, and two to serve for one year.

MISS RHODES.—I second that amendment. Carried.

On motion of Miss Silver, seconded by Miss Frederick, By-Law V. was accepted as amended.

CHAIRMAN.—We will now go on to By-Law VI., on membership.

Moved by Miss McLaughlin, seconded by Miss Milne, that By-Law VI., on membership, be accepted.

MISS RIDDLE.—I would like to move that By-Law VI. be amended to read thus: that the word "organization" be stricken out and the words "affiliated associations" be inserted instead.

Seconded by Brooklyn. Carried.

MISS DAMER.—I move that Section 5 of By-Law VI. be amended to read as follows: By crossing out in the second page "excepting charter members," so that it will read: "Permanent members shall bring credentials from their organizations. After attending three consecutive annual meetings they shall be entitled to vote and shall be eligible for reelection as delegates or officers at any time. Charter members shall be entitled to vote."

Seconded by Miss Bohling and carried.

MISS PALMER.—I move that the section as amended by Miss Damer be accepted as read.

Seconded by Miss Rhodes and carried.

MISS RIDDLE.—I would like to make the statement that the question of honorary membership was settled last year.

On motion of Miss Davids, seconded by Miss Smith, the by-law as printed and amended was accepted.

MRS. ROBB.—I move that By-Law VII. be accepted as it reads.

Seconded by Miss Dunderdale and carried.

On motion of Miss Ross, seconded by Brooklyn, By-Law VIII. was accepted as printed.

On motion of Miss Smith, seconded by Miss Knight, By-Law IX. was accepted as printed.

MISS ROSS.—I would like to make an amendment to By-Law X. by adding one more committee as a standing committee, the Committee on Nomination.

MISS PALMER.—A Nominating Committee is never a standing committee.

MISS ROSS.—Well, my point is to give the Nominating Committee time to work; if you do not appoint it as a standing committee, let it be appointed a year ahead. I withdraw my motion.

MISS DAMER.—I move that we accept Article X. as it stands. Seconded by Miss Greenthal and carried.

MISS McISAAC.—I move that we suspend our consideration of the constitution and take it up as our first business this afternoon, and call for the report of the Periodical Committee.

Seconded by Miss Gardner and carried.

Report of Special Committee on Purchasing Periodical, given by Miss Damer:

"Your committee met with the directors of the JOURNAL and found that there was no desire on their part or that of the stockholders to relinquish its management, except that, understanding that they assumed it for the association, they feel under the obligation to turn it over whenever the association is ready to undertake it. The stock is held at a high figure and is considered a very profitable investment.

"Conferring with the delegates, we found that many of the societies were willing to buy shares, some for themselves and some which they would give to the national association, but the majority were in favor of allowing it to remain in the hands of its very able management for the present.

"Your committee, therefore, would recommend that the remaining twenty-eight shares of stock be bought by the association or by the individual alumnae societies."

MISS McLAUGHLIN.—I move that the report of the committee be accepted.

Seconded by Miss Paxton and carried.

MISS DAMER.—I would like to introduce a resolution "That it is the sense of this meeting that the national association at this time buy out THE AMERICAN JOURNAL OF NURSING."

On a call for a vote by the president sixty-five appeared as for the resolution and thirty-nine against it.

MRS. ROBB.—I move that we adopt ways and means of acquiring the twenty-eight shares of stock to begin with.

Seconded by Miss Goodrich. Carried.

MRS. ROBB.—I now move that a committee be appointed by the chair to consider the ways and means of acquiring the twenty-eight shares of stock.

Seconded by Miss Paxton and carried.

PRESIDENT.—The chair appoints the same committee that was appointed yesterday.

We will now adjourn until two o'clock this afternoon.

Third day, Saturday, May 14, 1904—Afternoon.

Meeting called to order by the president at two o'clock.

PRESIDENT.—We will continue our programme for the afternoon, and present to you an address, "The Pioneer Work of Alice Fisher in Philadelphia," by Miss Marion E. Smith.

"There was but one answer I could give to the invitation to read a paper on Alice Fisher, a subject so near to my heart, yet I feel I ought to begin with an apology for its crudity, which I trust, however, you will pardon on the grounds of my having very little time to give to it. But where to begin and how to stop I hardly know. The committee who asked me remarked that it would be easy for me to write an address on Miss Fisher, because I knew her so well; but that is just what makes it difficult—there is so much to say. She was so many-sided and so unusual a woman that to attempt a description of her seems almost hopeless. Dead. Alas! Sixteen years on the third of June. She lives in the hearts of those who loved her as vividly as though she were yet with them. I will endeavor briefly to outline her life and work, and then pass on to herself as I knew her. You will forgive me if I here quote from what has already been written, as it would be necessarily much the same, and is better said than I could say it:

"She was born in Greenwich, England, June 14, 1839, and was the elder daughter of the late Rev. George Fisher, R.N., F.R.S., whose father was head-master of Eton College. During her father's long illness she was his faithful attendant, and from that service she became impressed with the belief that her mission on earth was the care of the sick and unfortunate.

"She was trained at St. Thomas's Hospital, London. Then she was assistant superintendent at the Royal Infirmary, Edinburgh. Afterwards she was superintendent of the Fever Hospital at Newcastle. Then she became superintendent of Addenbroke's Hospital, Cambridge, where she remained five years.

"From there she went to Radcliffe Infirmary at Oxford. She then became superintendent of the General Hospital, Birmingham, and from there came to the Philadelphia Hospital, accompanied by Miss Edith Horner as assistant.'

"Dr. White, in writing of her, says:

"During the years she spent here she saw order and neatness and cleanliness replace disorder and slovenliness and filth; she saw an intelligent and beneficent system evolved from a chaos of ignorance and neglect; she saw a largely increased population taken care of with a

decreased mortality, and with a simply incalculable addition to their comfort and happiness and self-respect.

“ ‘She saw her pupils going from this hospital to take positions of honor, and to spread her teachings in all parts of the country; she saw, in other words, the work to which she had consecrated the last years of her life, and to which she had given herself with such intensity of purpose and self-sacrifice, placed upon an enduring foundation, and realized that she had here an imperishable monument.

“ ‘It is not too much to say that her devotion to this work materially shortened her life. After she learned that she had an incurable disease of the heart, in which none knew better than she the importance of mental and physical rest, she was as energetic, as devoted, as unsparing of herself as ever. With every comfort and luxury of life awaiting her at the hands of kind friends nearby, and of loving relatives at home, she deliberately preferred to stay here to carry on her work, and to die in harness.

“ ‘In her death this hospital and this city has suffered an irreparable loss. Her work was extraordinary, both in its amount and in its quality, showing a masculine force and breadth of understanding, with a feminine tact and insight into character, which made her one of the moving forces of any community in which she lived, and which places her among the remarkable women of her time.’

“ ‘It was my good fortune to be one of her pupils for a year in the General Hospital, Birmingham, England, and afterwards in the Philadelphia Hospital for two years. Her gracious presence, her charming, courteous manners, and her gentle mind made me her devoted admirer at first sight. Shall I try, vainly, I fear, to describe her? My words are as inadequate to make you see her as she was, as though I described a sunset to someone who was blind, or wrote the notes of a song sung by a glorious voice for a deaf man to read, with the expectation that he could fill in the beauty of the human tones by imagination.

“ ‘Almost six feet tall, very slender, a cultured gentlewoman, with true Saxon golden hair, and a low, musical voice, she was very striking in appearance, and possessed to a greater extent than anyone else I have ever met personal magnetism, which enabled her to sway easily the large number of people she governed in any direction she wished. Her ideals were so high, her tone so lofty, her atmosphere so pure, her own life so consistent, one scorned to stoop to the petty things tolerated by other people, and so she brought out the very best in all of us, and constant striving to be what she would have us became a pleasure and a habit. She called forth earnest and lasting affection from her pupils, and wherever she lived was surrounded by a group of sincere friends, proud

and glad to do anything she asked. We were truly ruled by a loving hand. Her influence rests with us, and her impress upon the characters of many will last until death, and after.

“She was merciless and stern to the evil-doer until she was sure repentance was genuine, when she became once more the gentlest and tenderest of women, always ready to sympathize and assist. She had the faculty—somewhat rare in these days, I think—of making people believe in her thoroughly. From her decision there was with her pupils no appeal. We accepted it—in our hearts, I mean, of course—as just and right, and loyalty was easy, for we not only loved her, but respected her. While she was a strict disciplinarian, she had that sweet reasonableness which caused her to know when to relax.

“She was not afraid of hurting her personal dignity by unbending to her subordinates at the proper time, and yet I venture to say no one ever dared to grow familiar as a result. Let me quote Mr. R. C. McMurtie, who was for many years a member of the Board of Charities:

“‘Doubtless there have been persons as accomplished in her art, though none more so, but it was her character that carried her through. Firmness, without a tinge of obstinacy; gentleness, as great as that of the most tender of her sex; high breeding, intellectual capacity, and education fitting her as a companion for the highest, the most refined, combined with perfect knowledge of the art—profession, it deserves to be called—and an enthusiastic devotion to it, so that she preferred to live in this hospital rather than in the society of the advanced thinkers of England, and to die here rather than with her own family; these are the grounds of her remarkable success, and on these was built up her noble reputation. That the common judgment ratified the choice for the foundress of this most beneficent institution, the Training-School for Nurses of the Philadelphia Hospital, was proved by the long line of sorrowing friends of all classes that followed her to the grave, a stranger without one connection of blood on this side of the Atlantic.’

“She was invariably altruistic. When I was a pupil in England I went to her room one evening rather later than usual to find her absent, and I was told by her assistant that she was in one of the wards, and was going to sit up all night with a young girl with phthisis, who had asked for her and who was afraid to die alone. Tell me, do many heads of hospitals come so near to their patients as this? Next day she was as busy as ever, and made her rounds of three hundred beds as cheerfully as though she had rested all night. She loved her work better than anything else, and inspired us with a love and reverence for it too, and this, I think, was one great reason for her wonderful success.

“ A few days after the great fire of 1885 in the Philadelphia Hospital one of the insane patients (temporarily housed in the women's out-wards) set fire to a bed, and Miss Fisher considered extra vigilance was necessary. Taking two pupils from the school, she went with us on duty and through the long night made rounds at intervals with a lantern, bringing quiet and order by her presence, as she always did, until at last, towards early morning, we persuaded her to go to bed. As I went with her in turn, again and again Longfellow's lines on Florence Nightingale came into my mind:

“ ‘ Lo, in that house of misery,
A lady with a lamp I see
Pass thro' the glimmering gloom
And shine from room to room.

“ ‘ As if a door in heaven should be
Opened and then closed suddenly
The vision came and went,
The light shone and was spent.’

“ She had a way, after some of us had left the hospital, of writing and asking us to ‘ come and spend a happy day’ with her. One I remember well. A colored pupil arrived, and her coming caused a good deal of feeling among some of the nurses, who declared they would not sleep in the dormitory with her. What did Miss Fisher do but take her into her own bedroom and let her sleep in the bed of Miss Horner, who was absent. This so effectually shamed the nurses that the commotion promptly subsided. She constantly impressed upon us the force of example and personal influence. She would say, ‘ You had better not do that; you must be doubly careful; remember you are no longer a private individual,’ and while she was far from being prudish, she was full of fun and often witty, with a keen sense of humor.

“ She was most careful in all she said and did. She enjoyed difficulties, and the greater the obstacle the better she liked it, persevering until it was overcome, though it took many months of hard work. When a probationer I said to her: ‘ There are so many things to learn they discourage me; shall I ever be able to master them?’ and her answer was: ‘ My dear, erase the word discouragement from your dictionary and your mind; it isn't worthy of a woman who hopes to be a nurse; never let me hear you say it again,’ and I obeyed her, much to my after advantage. She was always cheerful and never self-obtrusive, putting her physical feelings aside and working many a day after an almost entirely sleepless night—for she had a heart lesion, and was often ill enough to be in bed, and yet she so disliked to give up that she never really relinquished her duties, and was on duty up to the day she died.

“When her strength began to fail, and the long rounds proved too much for her heart, she made them in a wheel-chair daily, and for many weeks, when too ill to walk, she was carried down to the reception-room on ‘recreation evenings,’—the one night in the week given up to an informal dance for the nurses,—that she might keep in touch with them still. A few weeks before her death in a note to me she says, ‘My children have spoiled me so that I can’t bear a ruffle on the calm which surrounds me now.’

“All came to her with their troubles, whether they had a right to or not. Writing to me from the steamer *Etruria*, when she last went home, she said: ‘I am interrupted every minute by old women who come and ask me questions to which I can’t reply—the rules of the ship, the run, the precise hour at which we shall reach Queenstown—I believe I must have a kind of inspired look. How should I know?’ She spoke in jest, but it was very true; she had indeed an inspired look, which meant not only a brain far above the average, but a pure and lofty woman’s soul. She had that keen intuition of character which comes, may I say, to our sex only, and to us but rarely, which was of infinite use to her in dealing with the many people she came in daily contact with. She had studied human nature so well that she read it with surprising clearness, and separated the false from the true usually without fail.

“The patients loved her sincerely, as well they might, for with her advent comfort and cleanliness dawned, and to this day those who knew her talk of her and her nurses, ‘The Trainers,’ as we were called by them when we first went to the hospital, which title still clings, and to this day no one knows whether it was an abbreviation of ‘trained nurse,’ coined for the sake of brevity, or a word descriptive of our educational system. She took an individual and personal interest in us, and was never too busy to listen to our complaints or troubles—real or imaginary. Nothing was done mechanically; the human touch showed through everything she did. Never self-seeking herself, she shamed us out of the bickerings which came usually from vanity and selfishness. The common aim—the care and responsibility of human life—was never lost sight of, and all efforts and all work were for that object alone.

“Many were the lessons in worldly wisdom she taught us we who were trained by her will never forget. What a privilege it was to have known her I regret you cannot all appreciate; to have had such an ideal before us was an inspiration in itself, which lifted our lives out of the commonplace. Nothing was accounted paltry or small in a nurse’s life; each duty had its own importance and all work a dignity. She believed thoroughly in Herbert’s lines:

“ ‘ Who sweeps a room as to Thy laws
Makes that and every action fine.’ ”

“ The evening before her death she was delirious part of the time. She had once said that the last sound on earth she would like to hear would be the voices of the nurses singing hymns, as they were wont to do Sunday evenings. So the organ was brought into the hall and the girls grouped around it and sang her favorites. I shall never forget the scene. As the sound of the clear, girlish voices rang out and floated up the stairs into the bedroom, strains that grew faint and wavering as the sorrow of the singers overpowered them, “ What is that?” Miss Fisher asked, rousing out of her lethargy. ‘ The girls singing,’ someone answered. ‘ My own dear Blockley girls,’ she responded. ‘ I always loved them better than any other.’ And so her last wish was realized, for she died in a few hours, and was not conscious many minutes at a time after. To the last her sweet courtesy never left her, and not once was the slightest service rendered that a gracious ‘ Thank you’ did not follow.

“ ‘ In a strange land, a stranger! Low we laid her,
Coffin’d in English oak; her only pall
The flag ’neath which her sailor fathers conquer’d—
Like them, in stress of battle did she fall.
Only a stranger! Yet our city honors
With best and foremost sons this sad array:
And strong men weep; and the triumphant singing
Breaks into sobs of grief above her clay.
Only a stranger! With us four short winters!
“ The English nurse,” men called her, as they smiled
In scorn that we should need her, soon forgetting
The friend they loved was not Columbia’s child.
But now she is our own! For other strangers—
Our poor and sick—her very life she gave!
Oh Mother Country, glorying in thy heroes,
She is our own forever by this grave!’ ”

And to have known her ‘ is part of our life’s unalterable good.’ ”

MISS MARKHAM.—I move that the vote that was passed this morning adopting By-Law X. be reconsidered.

Seconded by Miss Brobson and carried.

MISS RIDDLE.—I move that we strike out all of the second paragraph (a) down to the period after “ necessary,” just to make room for the insertion of anything you may want.

Seconded by Miss Paxton and carried.

MISS DAVIDS.—I move that a fourth committee, a Programme Committee, be inserted.

Seconded by Miss Dunderdale and carried.

On motion of Miss Milne, seconded by Miss Riddle, the word “ other” in the second paragraph under (a) was stricken out and “ local” inserted, reading “ it shall make all local arrangements.”

On motion of Miss Davids, seconded by Miss Milne, paragraph (a), By-Law X., was accepted as amended.

On motion of Miss Damer, seconded by Miss Russell, paragraph (b) of By-Law X. was accepted as it stands.

On motion of Miss Giles, seconded by Miss Giberson, paragraph (c) of By-Law X. was accepted as printed.

MISS DAMER.—I move that a fourth section under (d) be inserted, that of the Programme Committee, to read as follows: "The Programme Committee shall consist of not less than five members; it shall prepare and arrange the programme of papers and discussions, and in conjunction with the Committee on Publications prepare a complete programme for the entire session and provide as many copies of the same as may be needed. It shall send to the Publication Committee a report of its proceedings within one month after the adjournment of the annual meeting.

Seconded by Miss Davids and carried.

On motion of Miss Davids, seconded by Miss Fleetwood, Section 3 of By-Law X. was accepted as printed.

On motion of Miss Giberson, seconded by Brooklyn, Section 4 of By-Law X. was accepted as printed.

CHAIRMAN.—That brings us to By-Law XI., that of Nominating Committee.

MISS ROSS.—I move that the By-Law XI. on Nominating Committee be amended to read as follows:

"SECTION 1. Immediately after adjournment of the morning session of the last day of the annual meeting the delegates of all the affiliated organizations present shall go into executive session, and a Nominating Committee of five shall be appointed from the floor for the coming year, only one nomination to be made by the delegate of any one organization.

"SECTION 2. It shall be the duty of the Nominating Committee to meet at least one month before the annual meeting and to nominate two or more candidates for every office to be filled at the annual election. A printed list of the nominations shall be given each delegate at the opening of the morning session of the second day of this meeting. Election shall be by ballot and shall be conducted by a judge and two others appointed by the Board of Directors. The polls to be open until the opening of the afternoon session. The candidate for any office who shall receive the highest number of votes is thereby elected."

Seconded by Miss Rhodes and carried.

MISS GILES.—I move that By-Law XI. as amended by Miss Ross be accepted. Seconded by Miss Paxton and carried.

On motion of Miss Davids, seconded by Miss McLaughlin, By-Law XII. was accepted as printed.

On motion of Miss Giles, seconded by Miss Dunn, By-Law XIII. was accepted as printed.

On motion of Brooklyn, seconded by Miss Dunderdale, By-Law XIV. was accepted as printed.

On motion of Miss Duncan, seconded by Miss Jones, By-Law XV. was accepted as printed.

MISS DAMER.—I move that this constitution and by-laws as amended be adopted by the association.

Seconded by Mrs. Lowry and carried.

MISS DAMER.—I move that this constitution go into effect at the close of

this annual meeting, with the exception of Articles V. and XI., which will go into effect immediately.

Seconded by Miss Paxton and carried.

PRESIDENT.—Now this gives us something that we have not had for a long time—viz., a constitution by which we can be governed. The Committee on Revision would like an honorable discharge.

MISS DAMER.—I move that the Committee on the Revision of the Constitution be honorably discharged and their report adopted.

Seconded by Mrs. Wilcox.

SECRETARY.—May I amend that by adding a vote of thanks from the association to the members of the Revision Committee, and especially to Miss Riddle, who, in addition to her duties as president, has had the chairmanship of this committee.

Seconded by Miss McLaughlin and carried.

PRESIDENT.—We have a Committee on Resolutions. Will they now present them?

MISS GILES.—I move that a vote of thanks be extended to the Committee on Arrangments for the management of the entire meeting so far as their part of the work is concerned. They have been most faithful and deserve great credit for their work.

Seconded by Miss Parrish and carried.

MISS DAMER.—I move a vote of thanks be extended the managers of the Philadelphia hospitals, the alumnae associations, and the graduate nurses of Philadelphia for their generous hospitality and their many thoughtful and well-carried out plans for our welfare.

Duly seconded and carried.

MISS RHODES.—I move that a vote of thanks be extended to Miss Spring for the able manner in which she supplied the luncheons.

Seconded by Miss Giles and carried.

MISS DAVIS.—And last, but not by any means least, I should like to move a vote of thanks to the directors of the Drexel Institute for the courteous and substantial interest shown in the progress of the nursing profession by tendering the use of this commodious hall and the freedom of the building for the convention.

PRESIDENT.—I would like to ask if it is your pleasure to refer any question of alliance with the Red Cross Society to the Executive Committee and Board of Directors?

SECRETARY.—I would like to move that since Miss Riddle has already conferred with ladies on the Board of Directors of the Red Cross Society, she be empowered to associate with her two, three, or four people whom she knows to be interested in the matter, and proceed in such manner as the committee thus formed may decide.

Seconded by Miss Dunderdale and carried.

PRESIDENT.—There is another matter to be considered before closing our convention. What shall be done about sending our greetings to the Women's Congress in Berlin?

MISS FREDERICK.—I move that our secretary be asked to convey our greetings as formulated by our Executive Committee to the Women's Congress in Berlin.

Seconded by Miss Milne and carried.

PRESIDENT.—We will now call for the report of the Nominating Committee.

MISS MILNE read the report of that committee:

"The Nominating Committee met in the Drexel Institute at nine-thirty A.M. Saturday, May 14, Miss Ross, Maryland, in the chair; present, Miss Rhodes, New York; Mrs. Higbee, Illinois; Miss Rose Smith, Detroit; Miss Paxton, Washington, D. C.; Miss Russell, Connecticut, Rhode Island, etc.; Miss Metcalfe, Massachusetts, and Miss Milne, Pennsylvania, and would submit the following list of candidates:

"For president—Miss Riddle; Miss Rudden.

"For first vice-president—Miss Damer; Miss Greenlees.

"For second vice-president—Mrs. Hutchinson; Miss Whitaker.

"For secretary—Miss Delano; Miss Hartman.

"For treasurer—Miss Way; Mrs. Lowry.

"For chairman Committee on Arrangements—Miss Nevins.

"Directors for three years—Miss McIsaac, Miss Nutting, Miss Jennings.

"Directors for two years—Miss Dolliver, Miss M. E. Smith, Miss McCully.

"Directors for one year—Miss Goodrich, Miss Casey, Miss Bailey."

MISS HALL.—I move that the report of the Nominating Committee be accepted.

Seconded by Miss Paxton and carried.

On motion of Miss McLaughlin, seconded by Miss Bowen, Miss Healy's name was added to the list of candidates for treasurer.

On motion of Mrs. Fleetwood, duly seconded, Miss Thornton's name was added to the list of candidates for secretary.

On motion, duly seconded, Miss Milne's name was added to the list of candidates for president.

PRESIDENT.—I am now going to ask you to come to order. Do you remember that we provided in our new constitution that the Nominating Committee should be appointed this year for next,—“a Nominating Committee of five to be appointed from the floor”?—and it is our purpose to ask you to go into that while we are waiting for the report of the tellers.

On motion of Miss Giles, seconded by Miss Holden, the name of Miss Milne was placed on the Nominating Committee.

On motion of Miss Fairbank, seconded by Miss Shephard, the name of Miss Bowen was placed on the Nominating Committee.

On motion of Miss Gardner, seconded by Miss Hall, the name of Miss Rudden was placed on the Nominating Committee.

On motion of Miss Kelly, seconded by Miss Holden, the name of Mrs. Higbee was placed on the Nominating Committee.

On motion of Miss McLaughlin, seconded by Miss Curtis, the name of Miss Cabaniss was placed on the Nominating Committee.

Miss Milne for the tellers reported the election of the following officers:

President—Miss Riddle.

First vice-president—Miss Damer.

Second vice-president—Miss Whitaker.

Secretary—Miss Thornton.

Treasurer—Miss Healy.

Directors for three years—Miss McIsaac, Miss Nutting.

Directors for two years—Miss Dolliver, Miss M. E. Smith.

Directors for one year—Miss Goodrich, Miss Casey.

PRESIDENT.—You have heard the result of the election. As the hour is late and we are detaining our friends who are waiting outside, we will now adjourn to meet in Washington next year.

CONSTITUTION AND BY-LAWS OF THE NURSES' ASSOCIATED
ALUMNÆ OF THE UNITED STATES

CONSTITUTION.

ARTICLE I.

Name.

This association shall be known as the Nurses' Associated Alumnae of the United States.

ARTICLE II.

Objects.

The objects of this association shall be to strengthen the union of nursing organizations, to elevate nursing education, to promote ethical standards in all the relations of the nursing profession.

ARTICLE III.

Officers.

The officers of this association shall be a president, a first and a second vice-president, a secretary, and a treasurer. They shall have such duties as shall be hereinafter provided.

ARTICLE IV.

Meetings.

This association shall hold an annual meeting at such time and place as may be determined upon by the association from year to year.

BY-LAWS.

I.

Eligibility.

Alumnae associations whose members are graduates from general hospitals giving not less than three full years of training in the hospital, which training may be obtained in one or more hospitals, or include a term in a recognized technical school, shall be eligible for membership in this association by sending thereto accredited delegates and paying annual dues.

II.

Membership.

The membership in this association shall be divided into active, permanent, and honorary.

Active membership shall consist of delegates duly elected to represent the nursing organizations belonging to this association, including all officers.

Permanent membership shall consist of charter members, former delegates, and officers.

Honorary membership shall consist only of women who shall have rendered distinguished service in the nursing profession.

III.

Annual Meeting.

The annual meeting of this association shall include all officers of the association and delegates from nursing organizations in such proportion to their numbers as shall be hereinafter specified, permanent members and visitors according to the rules of the association.

IV.

Duties of Officers.

SECTION 1. The president shall preside at the annual meeting and appoint all committees not otherwise provided for. She shall be an ex-officio member of all committees.

SEC. 2. The vice-presidents shall, according to their rank, in the absence of the president perform her duties.

SEC. 3. All officers shall be elected annually.

SEC. 4. The secretary shall keep the minutes of the meeting, conduct the correspondence of the association, and send by mail to the Board of Directors and to the nursing organizations affiliated copies of all such matters as may be necessary. She shall preserve all papers, letters, and unpublished transactions of this association.

SEC. 5. The treasurer shall collect, receive, and have charge of all funds of this association. She shall deposit such funds in a bank of good credit, shall make all her payments by check, and shall pay such bills only as shall have been approved by the president or the chairman of the Executive Committee. She shall submit her reports and accounts every year to the auditor, and shall report to the Executive Committee, whenever requested to do so, the financial standing of the association.

V.

Board of Directors.

SECTION 1. The Board of Directors shall be composed of the president, vice-president, secretary, and treasurer, and six others who shall be appointed from among the permanent members of the association. Six shall be elected the first year, two of whom shall serve for three years, two for two years, and two for one year, and two shall be elected annually thereafter for three years. Nominations for such offices shall be made by the Nominating Committee and election shall be by ballot.

SEC. 2. The Board of Directors shall choose from its own members an Executive Committee of at least five, who shall meet as often as necessary and transact such business as may come before it. They shall report at the annual meetings.

SEC. 3. The Board of Directors shall appoint an Eligibility Committee and such sub-committees as may be required for the proper transaction of business.

SEC. 4. The Executive Committee shall have the treasurer's accounts audited yearly by a professional auditor.

VI.

Membership.

SECTION 1. Active members shall be duly elected delegates from affiliated nursing organizations. They shall be entitled to vote at the annual meetings. They shall be eligible for office.

SEC. 2. Each affiliated organization shall have the privilege of sending to the annual meetings of this association one delegate for every fifty of its members and one delegate for every additional fraction of more than half that number; organizations of less than fifty may send one delegate.

SEC. 3. Affiliated associations with large membership may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

SEC. 4. Each affiliated association shall notify the secretary of the association of the number of delegates who will be present at the annual meeting at least one month prior to the date of this meeting.

SEC. 5. Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive annual meetings they shall be entitled to vote, and shall be eligible for reelection as officers or delegates at any time. Charter members shall be entitled to vote.

SEC. 6. *Honorary Members.* The names of such proposed members shall be presented at the close of the first session of any annual meeting and shall be voted

upon at the closing session of the same. A unanimous vote of the members present shall be required to elect. Honorary members shall be given all the privileges of the association, but shall not hold office and shall have no votes.

SEC. 7. All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization.

VII.

State Organizations.

A State organization shall become affiliated with this association by sending one delegate at large and the payment of annual dues of five dollars. Its secretary shall send annually a copy of its constitution and by-laws, with the names of its officers and members, to the secretary of this association, who shall transmit it to the Executive Committee.

VIII.

Right of Appeal.

Any affiliated organization may have the right of appeal to the Board of Directors, whose decision shall be final.

IX.

Guests.

The president of this association shall have the privilege of inviting special guests to the general sessions of the annual meeting.

X.

Committees.

SECTION 1. All standing and sub-committees not otherwise provided for shall be appointed from the floor, unless ordered by a vote of the association.

SEC. 2. The standing committees shall be as follows, appointed by the Board of Directors:

- (a) On Arrangements,
- (b) On Publications,
- (c) On Eligibility,
- (d) On Programme.

(a) The Committee on Arrangements shall consist of not less than five members. The chairman of this committee shall be a resident of the city in which the annual meeting is to be held.

It shall make all local arrangements for the meeting and superintend the registration of delegates and permanent members. It shall send to the Publication Committee a report of its proceedings within one month after the adjournment of the annual meeting.

(b) The Publication Committee shall consist of three members, one of whom shall be the secretary.

It shall be the duty of this committee to obtain estimates of cost before printing, and supervise all publications of the association.

(c) It shall be the duty of the Eligibility Committee to investigate the fitness of all nursing organizations applying for membership in this association. They shall report their findings to the Board of Directors, whose decisions as to eligibility shall be final.

(d) The Programme Committee shall consist of not less than five members; it shall prepare and arrange the programme of papers and discussions, and in conjunction with the Committee on Publications prepare a complete programme for the entire session and provide as many copies of the same as may be needed. It shall send to the Publication Committee a report of its proceedings within one month after the adjournment of the annual meeting.

SEC. 3. A majority of any committee shall constitute a quorum unless otherwise provided.

SEC. 4. All standing committees shall report annually.

XI.

Nominating Committee.

The Nominating Committee shall be formed thus:

SECTION 1. Immediately after adjournment of the morning session of the last day of the annual meeting, the delegates of all the affiliated organizations present shall go into executive session, and a Nominating Committee of five shall be appointed from the floor for the coming year, only one nomination to be made by the delegates of any one organization.

SEC. 2. It shall be the duty of the Nominating Committee to meet at least one month before the annual meeting and to nominate two or more candidates for every office to be filled at the annual election. A printed list of the nominations shall be given each delegate at the opening of the morning session of the second day of this meeting. Election shall be by ballot and shall be conducted by a judge and two others appointed by the Board of Directors. The polls to be open until the opening of the afternoon session. The candidate for any office who shall receive the highest number of votes is thereby elected.

XII.

Dues and Fees.

SECTION 1. Each and every alumnae association joining the Nurses' Associated Alumnae of the United States shall pay an initiation fee of five dollars for every fifty members and for every additional fraction of more than half that number. Organizations of less than fifty members shall pay five dollars. This fee shall be paid by the treasurer of each organization within one month after admission into this association.

SEC. 2. This fee shall include annual dues for the first year. Annual dues thereafter to be fixed yearly by the Board of Directors of this association. Annual dues shall be paid to the treasurer at the annual meeting.

SEC. 3. Any nursing organization which shall neglect to pay its annual dues for any year shall not be entitled to send delegates to the annual meeting of this association of that year.

SEC. 4. Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association.

XIII.

Fiscal Year.

The fiscal year shall extend from the end of one annual meeting to the beginning of the next.

XIV.

Amendments.

SECTION 1. Amendments to the constitution shall be proposed in writing at the first session of the second day of the annual meeting, and shall be voted upon at the annual meeting next subsequent to that at which such amendment shall have been proposed, it being provided that each nursing organization shall receive a copy of any proposed amendment at least three months prior to the meeting at which action is to be taken. Provided, further, that when an amendment is properly under consideration, and an amendment is offered thereto germane to the subject, it shall be in order, if adopted, and shall have the same standing and course as if proposed at the preceding meeting of the association.

SEC. 2. Amendments to the by-laws of this association may be effected by a majority vote at any meeting, due notice of such amendment having been given one month prior to the meeting.

SEC. 3. A majority vote of all members present at the meeting shall be required.

XV.

Deliberations of all meetings of this association shall be governed by the "Woman's Manual of Parliamentary Law," by Harriet R. Shattuck.

ANNOUNCEMENTS



PENNSYLVANIA STATE NURSES' ASSOCIATION

THE Graduate Nurses' Association of the State of Pennsylvania will hold the third quarterly convention at Erie, Pa., July 20 and 21.

The meetings will be held in the Erie Chamber of Commerce, Marks Building, 914 State Street.

The address of welcome will be given by Dr. James E. Silliman, who is a surgeon of very high standing and a genuine friend of nurses, and is heartily in favor of State registration. The Rev. C. T. Benze, of St. John's Lutheran Church, will offer the invocation. The papers to be read are, "Fees and Charges of the Nurse," "Ethics of Nursing," "The Power of the Press as an Aid to Registration," and Miss Palmer's "A, B, C of Registration."

If all nurses who attended the Philadelphia meeting in June or the Pittsburg meeting in October and have not paid their initiation fees and annual dues will do so before the annual meeting in October they will be considered charter members. All checks should be sent to Miss A. M. Shields, of the Methodist Episcopal Hospital, corner Broad and Wolf Streets, Philadelphia, Pa.

MRS. GEORGE O. LOEFFLER,
Chairman Press and Publication Committee.

THE following resolutions have been adopted by the Graduate Nurses of the Amsterdam Hospital Training-School:

"WHEREAS, Our beloved friend and superintendent, Mrs. M. D. Lingenfelter, has resigned from her position at the Amsterdam Hospital: be it therefore

"*Resolved*, That we, the graduate nurses of the Amsterdam Hospital Training-School, do most sincerely regret her departure, and wish her success and happiness in whatever she may undertake to do; and

"*Resolved*, That a copy of these resolutions be sent to her, to THE AMERICAN JOURNAL OF NURSING, and to the *Trained Nurse* for publication.

"IDA B. MEEKS,

"S. NELL WILLIAMS,

"E. HELENA HOEPPNER,

"Committee."

SAN FRANCISCO, CAL.—The regular monthly meeting of the Alumnae of the San Francisco Training-School was held in the Nurses' Home, 316 Van Ness Avenue, June 6, 1904. The minutes of the last meeting were read and approved. Five new members were elected and many new names proposed for membership. The alumnae was organized March 31, 1904, through the efforts of Miss M. Palton, then superintendent of the San Francisco Training-School. There are now fifty names on the roll-call.

THE "Report of the Seventh Annual Convention of the Nurses' Associated Alumnae," including the constitution and by-laws as finally amended, may be obtained by application to Miss M. E. Thornton, 120 East Thirty-first Street, New York City, N. Y.

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THE CONGRESS OF WOMEN IN BERLIN

BY L. L. DOCK

THE long-planned-for congress in Berlin has come and gone, and filled a week with such repletion of work and interest and ideas and enthusiasm, to say nothing of magnificent entertainments and social gatherings, that it is hard to give even a mere outline of it all in the brief space at my command, and I hope that other nurses who were there will give some account of it in their *alumnæ* journals or in any journals which are open to them.

To begin, let me just mention again that the meeting of the International Council of Nurses on its own day was not a part of the congress proper, nor was it under the management of the Congress Committee; therefore it is not found in the "Book of the Congress," and will not, of course, appear in the reports of the congress. I speak of this in order to explain to many who think our council meeting and all its delegates were part of the congress. The International Council of Nurses' meeting was an event by itself, and for this reason nurses who came to attend it as delegates did not receive invitations to all the social functions given by the congress managers. Such invitations were sent only to nurses who had been asked to read papers or to share discussions at the Nursing Section of the congress, but in all cases when invitations could not be accepted the cards were given to someone else, so that in that way a number of nurses secured cards to social occasions.

The congress devoted an entire morning of one section to considering nursing education and the economic and social status of the nurse, and the American nurses who were invited to read papers at this time were Miss Goodrich, of the New York Hospital; Miss Banfield, of the Polyclinic, in Philadelphia, and myself. Miss Thornton headed the list for discussion. Mrs. Bedford Fenwick opened the section with a paper on "Educational Standards."

The condition of the nurse is a burning question just now in Germany, the liberal and progressive women of the German National Council having taken it up very seriously. The whole case in a nutshell is that the condition of semi-serfdom in which the nurses of the religious and Red Cross orders are kept is an injury to the cause of rightly paid self-support for women, and that the wretchedly inadequate teaching they receive damages the cause of higher education for women.

It is perceived that the nursing movement is a part of the whole woman movement. Not only for the benefit of the patient must the nurse rise to a higher plane than she is now on, but also for the sake of all women who need to support themselves and who wish to be educated. The modern nurses of Germany, under the leadership of splendid women such as Sister Agnes Karll, the president of the German Nurses' Association, and Frau Krukenberg, who was the chairman of the Nursing Section, are demanding a better education, the right of independent work, the opportunity to organize voluntarily, and, finally, they are demanding the protection of the State.

Thus the papers in the Nursing Section dealt entirely with education and conditions of the nurse's life and work, and great interest was shown. Things grew quite lively in the discussion when representatives of the Red Cross, the Johanniter Orders, etc., defended their methods. The latter, which gives a six-months' training, had, I thought, a most original line of argument in defence—namely, that there were new methods continually to be learned in nursing, and so it was not worth while to give a long time to the training at first!

Sister Karll read a strong paper setting forth the demands of the reform party in Germany in nursing, and it was this that excited the discussion. We were all delighted to hear two men—both physicians—speak most forcibly and convincingly on the side of the modern nurses. They defended a complete education and freedom for the nurse in her life.

The congress also had one section on district nursing and relief work of various kinds among the sick poor. However, no English or American papers were given in this section except one on the Victorian Order in Canada. Even the splendid organization of the Queen's Jubilee Nurses in England was only touched on in the discussion, and there was no opportunity for us to speak of what we are doing in district nursing. Several of these papers were very interesting, especially as showing an arising of women in central European countries, though, as to methods of district nursing, nothing new or instructive was heard.

Our own International day was a great success in every way. A large group of English and Irish nurses came, representing all those who

believe in union, not only at home, but abroad. They were splendid; full of cordial enthusiasm for an international nurses' association, and ready on all points of discussion. What they have done in Ireland is to have formed a good, strong, national society, and what they have done in England is to have formed a Provisional Committee from a number of leagues, and this, no doubt, is the next step to a good, strong, national union.

It was lovely to meet our English friends again, and seemed like a bit of the Buffalo congress. A goodly number of German nurses were also present, and Sister Karll, their president, announced that they desired an international bond and were ready to enter it. The Americans also spoke in full sympathy, and we all went away happy, feeling sure that the next five years would see at least three countries encouraging one another in their work and their reforms.

The congress was held amidst most beautiful surroundings. The whole of the Philharmonie building, a wonderful and highly decorated music temple, was given up to it, four concert halls containing the four sections, while corridors, resting-rooms, reading- and writing-rooms, and corners for conversation were fitted up like a handsome dwelling. A "reception evening" was given on Sunday, June 12, by the Berlin local committee, at which, first, a most charming concert was given by an orchestra of women under a woman conductor, and afterwards fully three thousand people were seated at supper, amidst myriads of flowers and green plants.

A number of private entertainments were given during the week, the most notable being garden parties by the Chancellor of the Empire, Count von Bülow, and his wife, and the Secretary of State and his wife. The former live in the old Bismarck house, which was open to inspection, and all the nurses who had come had cards to this. Some, unfortunately, had not arrived. The women's clubs of Berlin kept open house, and there were theatre-parties, excursions to country places, and concerts and garden parties in lavish abundance. But the most stately and imposing reception was that given by the Burgomasters (Mayor and City Council) of Berlin in the magnificent Rathaus, or City Hall, on the evening of June 18. This, I am told by women who have attended congresses for years, was the most sumptuous entertainment, as well as the most distinguished civic honor, ever shown to any assemblage of women. The Rathaus was adorned with flowers and plants; a delicious supper was served, all guests being seated; the beautiful music of Germany, which attended us everywhere, was there also, and each guest found at her plate a dear little bear, the coat of arms of the city. The Burgomasters wore their gold chains, and, last and best of all, the Chief

Burgomaster made a speech in which he referred most chivalrously to the advance of women into public life.

It is quite impossible, though, to give any adequate idea of the various absorbing scenes of this stirring and wonderful week. The nurses who came all felt, I am sure, that it was a great privilege to be there, and I wish twice as many could have come.

INTERNATIONAL COUNCIL OF NURSES NOTES.

It was with much regret the members took leave of Mrs. Fenwick as president, though no one could be more warmly welcomed as oncoming president than Miss McGahey. If she were only not so far away! Mrs. Fenwick has done such untiring and effective work for the International Council that it would have seemed quite wrong to vote for anyone else except that the constitution makes each past president a life-member, and so she remains, in fact, on the board of officers, and the council will still have the benefit of her energy and interest.

Miss McGahey is also an ardent and untiring worker, and maybe this election will be the means of bringing her around again to this side of the world—which would be a pleasure to us all.

A REGISTERED NURSE AT THE CONGRESS.

Miss Haentsche, of the German Hospital in New York, brought with her her registration certificate given by the Regents, which was inspected with much interest. She is now at her home in Dresden, recuperating after severe illness.

PERSONAL.

Miss Elise Lampe, of Bellevue, who was to have been a delegate from the Bellevue Alumnae, was unfortunately ill and unable to attend the meetings. Miss Lampe is in a private hospital in one of the Berlin suburbs.

Mrs. Von Wagner, who has made such a reputation as sanitary inspector in Yonkers, is also unfortunately under treatment at Nauheim, having used herself up by overwork. She was, however, able to attend the meetings.

Dr. Worcester, of Waltham, was in Berlin in congress week and kindly escorted parties of nurses to visit different hospitals.

Mrs. Fenwick, Miss Isla Stewart, Miss Mollett, and Miss Waind all look just exactly the same as in Buffalo. It was so delightful to meet them again! None of our other Buffalo delegates from England could come this time, but we had the pleasure of meeting Miss Breay, Miss Huxley, and many other matrons and nurses.

PNEUMONIA

BY ELIZABETH CAMPBELL GORDON

Graduate Toronto General Hospital; Superintendent Emergency Hospital.
Toronto, Canada

PNEUMONIA has been defined by some as an acute infectious disease due to the invasion of the lung by a variety of bacteria which grow in a fibrinous exudate, generating a toxin, which is absorbed into the general circulation; by others as an acute disease which is infectious. That it is acutely infectious is doubtful, except in epidemic form. It is regarded as epidemic when a whole village or locality is affected; and isolated epidemics occur in schools, barracks, and families. In addition to these we must class as infectious especially those pneumonias which are of influenzal origin.

Osler tells us that pneumonia is the most widespread and most fatal of all acute diseases, and the census reports of the past few years give an increasing death-rate. In the city of Toronto during the month of January, 1904, there was an increase of sixty-three per cent. in the death-rate over the same month of 1903. One week of December, 1902, in Chicago, pneumonia claimed twenty-seven per cent. of the total mortality. In the last five weeks of 1903 there were eight hundred and eighty-nine deaths in Manhattan alone from this cause, as against five hundred and eighty-six for the corresponding period of the previous year.

Flint says that in seventy per cent. of cases of pneumonia occurring in a house previously free from the disease it was found that the person attacked had been in more or less intimate relation with a patient suffering from pneumonia.

As an example of epidemic occurring in isolated form we might take that of a family in the city of Toronto; the family consisted of father, mother, two daughters, and one son; all developed pneumonia within a short time of one another. The father died in St. Michael's Hospital; one daughter also died there; the other daughter and the mother recovered. The son was taken to the Children's Hospital, where he also died. The nurse in attendance on the child developed pneumonia and died.

General epidemics have been traced from the sixteenth century onward, and nearly all of these have been of the asthenic or typho-pneumonia type. Italy and France have had widespread epidemics from that period. North America suffered from an epidemic from 1812 to 1825. But our first accurate knowledge of infectious epidemic pneu-

monia dates back to 1888, when an epidemic at Middlesborough, England, was carefully investigated by Dr. Ballard, and later an epidemic in Lincolnshire by Dr. Parsons.

Kline demonstrated a bacillus in these two epidemics which could be cultivated, and which produced epidemics in monkeys and guinea-pigs.

Friedländer has also described an oval capsulated coccus in infectious pneumonia; the bacillus of influenza has also been found in epidemics.

CAUSES.—Fränkel has maintained that all cases of true acute lobar pneumonia are due to a pneumococcus which was first discovered in the sputum, and, according to Netter, was found in the mouths of twenty per cent. of healthy persons; but, as we will briefly note, other causes are to be reckoned with.

We know that bad hygienic surroundings, poor food, bad drainage, and exposure, which used to be considered exciting causes, are now considered simply predisposing factors in ordinary pneumonia by lowering the resistance of the bronchial and pulmonary tissues.

The disease is not influenced by climate. It ravages the far North and the sunny South. No race is exempt; the negro and the white man are subject to the same exposure and danger. While it occurs at all times of the year, the seasons of variations in temperature and raw east winds are the most prevalent for the epidemic form. "Winds are carriers of dust as well as abstracters of heat." In Britain and America the mortality is highest in the winter and the spring months.

SEX AND AGE.—In epidemics we find that the rate of attack per one thousand of population increases greatly with the advance of years, as does the mortality. In Dr. Ballard's statistics the case mortality is lower among females than among males, except at an age above sixty-five. These facts are not borne out by the statistics of ordinary pneumonia, where we find that young adults are most often affected, and that the disease, though more common among males than among females, is more fatal among the latter.

We quote the following table from an American authority:

Years of age.	Death rate.
1 to 5.....	30.00 per cent.
6 to 10.....	3.84 per cent.
11 to 20.....	10.05 per cent.
21 to 30.....	8.70 per cent.
31 to 40.....	24.70 per cent.
41 to 50.....	39.30 per cent.
51 to 60.....	43.10 per cent.
61 to 70.....	63.60 per cent.
71 to 80.....	86.70 per cent.

The importance of injury as a cause of an attack of pneumonia is advocated by Litter, who states that of three hundred and twenty cases of pneumonia 4.4 per cent. were due to contusion. Now, inhalation of chemical irritants must also be classed as a causative factor of pneumonia, in which case the pneumococcus has been found to be sometimes present, sometimes absent. Before leaving the subject of inhalation as cause of an attack, we must mention those pneumonias following anæsthetics, more especially of ether, also after illuminating gas. In these last two the inhalation of the gas acts again as a predisposing cause. The infection, whether it be pneumococcus, or the influenza bacillus, or any of the others, is present in the mouth, or subsequent to the inhalation enters the lung, and finds conditions best suited to its development, the ether or gas having produced an inflammatory reaction in the tissue-lining of the lung and caused an exudate from the tissue in which the germs can grow as readily as in the bouillon-tube in the incubator.

VARIETIES.—We will briefly touch on the varieties of pneumonia. It is roughly divided into two groups—first, lobar, croupous, fibrinous, etc., and, second, into lobular or broncho-pneumonia. Lobar pneumonia is again subdivided depending on the origin of the infection, such as typho-pneumonia, influenza pneumonia. Now broncho-pneumonia may be roughly regarded as a severe bronchitis, in which the temperature rises above one hundred and two and one-half degrees; in this latter case the lobules are invaded and the consolidation is therefore patchy, the whole lobe not being involved. You might ask whether in lobar pneumonia the whole lobe is invariably affected. This is not necessary, as a strip pneumonia, such as is often seen in the typhoid and influenza type, could not be classed as a broncho-pneumonia; still, the whole lobe is not involved, but more generally a strip of consolidation posteriorly, including all lobes.

DEPICTED IN A TYPICAL CASE.

We will first consider the principal features as we commonly see them, then take up the symptoms separately, considering their variations from the picture we have in our mind, but to which all pneumonias do not conform.

The period of incubation in typical, frank pneumonia is about two days, during which time the patient often suffers from headache, malaise, and a catarrhal condition of the pharynx and nose.

The onset of the disease is generally ushered in by a chill, the severity of which is not in proportion to the disease, which is followed by a rapid rise of temperature with symptoms characteristic of fever.

Pain is also complained of, generally in the mammary region of the side affected. Dyspnœa is also noted at this time, due at first to the pain felt during deep respirations, which renders it necessary that the respirations be quicker and shallower; later it is due to the engorged condition of the lungs, which in turn gives bloody, tenacious sputum, associated with distressing cough.

The engorgement of the lungs progresses for about two days, the pain becoming a less marked symptom, leaving the patient at the end of this time with an anxious expression, flushed cheeks, rapid respirations, and a rapid pulse of high tension. Now it is that the delirium may manifest itself; consolidation is taking place, and with it the sputum assumes a viscid, rusty appearance, due to the diminished number of blood-corpuscles and changes in the blood which exuded from the vessels during the stage of engorgement. This condition lasts three or four days, the disease ending by crisis from the fourth to the ninth day, but usually on the seventh day. The respirations become less labored, the temperature falls, as does the pulse-rate, whilst the sputum continues to be expectorated in an increased quantity. Such is a short account of an ordinary attack of pneumonia, but to which there are numberless exceptions.

We will now take up some of the points and consider them separately.

PAIN.—Pain is usually sudden in its onset and is aggravated by every movement of the chest and respiration. The pain is commonly stabbing in character and may be found at any point of the thorax, but usually about the nipple of the affected side. It has been noted not infrequently to be situated in the abdomen, where it may be very severe and mislead one in diagnosis. The stabbing pain is usually due to accompanying pleurisy, whilst the dull ache is supposed by some to have its seat in the lung substance. The pain, as has been noted, generally disappears to a great extent as the disease progresses—movement of the affected lung being less, the friction of the pleural surface is diminished.

COUGH AND SPUTUM.—The cough is, during the initial stage, short and of a distressing, hacking character, but later becomes freer and less painful. At first the sputum is very small in amount, but as the stage advances it becomes frothy and tenacious, so that when the sputa-mug is everted the sputum is seen to stick to the bottom like mucilage. Blood of a bright red color is seen at this stage. As consolidation takes place the sputum becomes less in amount and assumes a rusty character, but still retains its viscosity. The expectorated material is composed of fibrinous casts from the alveoli, leucocytes, blood-

cells, epithelial cells, and bacteria. Sometimes, instead of the thick, tenacious sputa, we find a thin, dirty expectoration which has been termed "prune-juice" sputum—usually of bad significance, as it points to the hemorrhagic element being very marked, the toxic condition greatly increasing the permeability of the vessel wall.

In epidemic pneumonia the cough is not a marked feature, the sputum having the characteristics of that of ordinary pneumonia, but in the pneumonia due to the influenza bacillus and in that associated with typhoid, malaria, etc., the sputum is often greater in quantity and of a purulent type.

CHILL.—The onset, as we have said, is sudden and marks the time when the bactericidal property of the blood is no longer able to cope with the organisms or, putting it in another way, the natural property of the blood is no longer able to neutralize the toxine produced. The severity of the chill varies, depending to a great extent on the virulence of the organism. Although we have said that it has no relation to the severity of the disease, we must modify this by saying that it is in direct relation with the severity of infection. The cases where it is absent are usually of the broncho-pneumonia type, and in children it is often missed.

RESPIRATION.—Respiration early becomes rapid on account of the pain. Deep inspiration being impossible, the patient is forced to breathe more rapidly. Another effect on the respiration is the action of the toxin produced by the bacteria in the lungs on the nervous system; and later the toxins retained in the blood by its poor aeration, the carbon dioxide acting upon the respiratory centre in the fourth ventricle. In addition to these causes we have limited air-space in the lung. Not only is that part of the lung which is solid thrown out of work, but also there is a condition of congestion and swelling of the air-cells in the rest of the lung, which adds to the lack of air-space.

The normal average of the pulse-respiration ratio is 4:1; but in this disease it is changed, the ratio being sometimes as low as 2:1, occasionally even lower in children, whose nervous mechanism is more markedly affected. After the crisis the respiration rate falls, but not immediately, to normal. The fact that the respiration falls, while the air-space is not correspondingly increased, leads one to suppose that the increase of respiration is largely due to the toxæmia or poisoning.

PULSE.—The pulse is, in the ordinary type of pneumonia, at first full and of high tension, becoming more compressible as the disease advances, when it becomes more or less affected by respiratory movements. In the cases showing marked prostration from the beginning it is of a poor quality and may early assume a dicrotic type. In chil-

dren the pulse may run very high, as high as 150 or 160, yet the danger is not proportionately great. In connection with the pulse we might state that we should let the physician know immediately when the pulse does not seem to be in proportion to the movements of the heart—a small pulse and a heart that seems to be beating strongly being indications of serious pulmonary obstructions and possibly of commencing failure of the right heart, and denotes that the right heart must be strengthened as much as possible.

NERVOUS SYMPTOMS.—As before mentioned, delirium may set in during the stage of congestion. This is especially the case in alcoholics and in the apical pneumonias. Why this latter should be the case we do not know, various theories being advanced. In children the disease is often ushered in by convulsions, which apparently take the place of a chill. This is occasionally the case in adults, and we may mistake such cases, especially in adults, and think of uræmia or meningitis, two such cases occurring recently in Toronto.

The one was a case entered at St. Michael's Hospital, who apparently was suffering from uræmia. Shortly after his entrance convulsion followed convulsion, and the patient died next day. At post-mortem it was found that both lungs posteriorly were in the state of engorgement—the commencement of pneumonia. The other was a case at the Toronto General Hospital, where a provisional diagnosis of meningitis was made; the head was retracted and turned to the right, eyes turned also to the right, limbs rigid and patient unconscious—in fact, everything seemed to point to basal meningitis. Yet at autopsy pneumonic consolidation was found. These cases are, as a rule, of the influenzal type or where the virulence of the pneumococcic infection was very great. In neither of these cases was there found any evidence, post-mortem, of either kidney or meningeal changes, the meningeal symptoms being due to the toxæmia. Cases such as these should be watched—in fact, any delirium in pneumonia should be watched carefully.

CRISIS.—The disease, as we have stated, usually ends by crisis; this is also the case in the epidemic form, but not as a rule in the influenzal or typhoid types, in which the disease often ends by lysis; this may be due to the pleurisy so often accompanying the pneumonic process.

According to Fowler the days on which the crisis occurs most frequently are as follows—twenty-two per cent. on the seventh day, sixteen per cent. on the fifth, twelve per cent. on the sixth and eighth, and ten per cent. on the ninth day. Many theories regarding the crisis have been advanced, the most likely being that sufficient amount of antitoxin is produced to neutralize the action of the toxin by the organism causing the disease.

CAUSE OF DEATH.—When death occurs early in the disease it is, as a rule, due to the virulence of infection; later it may be due to failure of the right heart. Another cause is the loss of air surface, the patient dying from asphyxia. This last is held to be very important by some.

COMPLICATIONS, such as myo- or endo-carditis, venous thrombosis, meningitis, empyema, and especially otitis media in childhood, often carry off patients who would have recovered from the pneumonia. From the table we have quoted it will be seen that the mortality in children is about a third as great as in adults.

Nursing of pneumonia will be considered in the next number.

(To be continued.)

A NURSE'S WORK AS APPLIED TO DISEASES OF THE EYE AND EAR*

By LINN EMERSON, M.D.

Orange, N. J.

Oculist and Aurist to the Orange Memorial Hospital; Assistant Surgeon to the
Manhattan Eye and Ear Hospital

It is a notorious fact that every teacher thinks his particular branch is the paramount one, and in the effort to impress it on the students he buries them under such a mass of facts that they emerge retaining but few of them, and in many instances the ones of least importance.

In the present day and age the practice of ophthalmology, otology, rhinology, and laryngology is entirely dissociated from general practice.

To be sure, the specialist must have a good knowledge of general medicine, and only those who possess such a knowledge will attain the highest rank in their profession and their specialty, but it is a well-established fact that it is to the advantage of the specialist, the general practitioner, and the patient that this distinction be made. This fact, together with the requirements in hospital construction, management, and nursing for this class of cases, has led to the establishment of special hospitals for this work with its consequent curtailment in general hospitals.

* Read before the annual meeting of the Alumnae Association of the Orange Training-School for Nurses.

While this is a great misfortune to the young interne and the nurse in training, it is of marked advantage to the patient, which is, as we must all agree, the first point to be considered.

To compensate for this loss of training in their own hospital it is a custom in many institutions to send their pupil nurses to some special hospital for three months of their training, but I fear this custom is not general, for it has been my sad experience to find that most graduate nurses know but little of eye and ear nursing.

This work is quite different from any other class of nursing, and to become proficient it is almost absolutely essential to have training in an institution devoted exclusively to eye and ear work.

Since there are nurses who have had this training, it is the custom of men who practise this specialty to have one or two nurses on whom they depend for assistance, particularly in operative work.

An efficient office nurse is the greatest boon to the physician who practises either general or special surgery.

Despite this fact, I think it is the duty of every graduate nurse to know enough of ophthalmia and aural nursing to be able to give intelligent assistance to an operator and efficient care to the patient.

The average nurse is the worst offender as regards instruments. It has been said that "every surgeon loves his instruments," and a surgeon will forgive a nurse for much, but never for the neglect or abuse of his instruments. As the eye is the most delicate organ in the human body, so are eye instruments the most delicate ones used in surgery. The ordinary scalpel is "as dull as a hoe" compared with the keratome, the Graefe knife, and the knife needle.

These instruments must have such an edge that lying in the palm of the hand they will perforate the test drum by the force of their own weight alone.

They are so delicate that boiling for more than one minute destroys their edge, and many surgeons do not boil them at all, but immerse them in a solution of cyanide of mercury or alcohol for a few minutes. Their edge can be ruined by wiping the blade with cotton if great care is not exercised, and the hand or fingers should never come in contact with the blade in any way.

In their case they rest on trays which prevent the edges from becoming dulled, and when removed from the tray pressure should be made downward on the handle with the little finger. Surgeons who boil their instruments have similar trays in the sterilizer.

In view of all these facts, is it any wonder that the surgeon is shocked and angry when a nurse picks up his delicate eye knives with a handful of non-cutting instruments and pours them all loosely in some utensil used for boiling instruments?

This is not a suppositional case, but an occurrence which it has been my misfortune to witness on several occasions.

Other eye, ear, nose, and throat instruments require the same care as all surgical instruments.

There is one instrument, however, which nurses do not seem to realize is a cutting instrument, namely, the Gottstein curette, used for the removal of adenoids.

Its blade should always be wrapped in absorbent cotton, yet it has been my invariable experience that the first time a nurse assists me she sends the Gottstein back with a naked blade loosely wrapped with the adenoid forceps, mouth gag, and other instruments.

It is manifestly impossible for me to in any measure cover the field of nursing in these special branches in a paper of such brevity. Fortunately, there are text-books available which cover this ground very thoroughly.

The ones I here show you I can recommend with unstinted praise. "The Ophthalmic Patient," by Dr. Friedenbergh, is an ideal volume, not only for the nurse, but also for the hospital interne, and even the skilled specialist. There are many details regarding hospital construction and management which would be of little interest to the nurse in ordinary training. If she were taking a post course at a special hospital or fitting herself to assist a specialist it would well be worth her reading. To the nurse in general training, however, "Ophthalmic Nursing," by Stephenson, would be far less irksome reading and contains all and more than would ordinarily be required of her.

Yearsley's "Nursing in Diseases of the Throat, Nose, and Ear" comes the nearest to being an ideal text-book for nurses of anything I have yet seen. It is concisely written, and to me is most entertaining reading. These two last named books I should recommend to every nurse who desires to become an efficient nurse along these lines.

The rules which apply to general nursing, before, during, and after operation, are equally applicable to eye, ear, nose, and throat work.

Operations on adenoids, tonsils, incising the ear-drum, squints, glaucoma, lid operations, and intranasal operations are done both with and without general anæsthesia, so if there is any doubt in your mind it is a perfectly proper question to inquire whether the anæsthesia is to be local or general.

Cataract operation is almost invariably done under cocaine.

When told to cocainize an eye a four per cent. solution of the drug should be instilled every five minutes, beginning fifteen minutes before the operation. The proper method of instilling drops is to ask the patient to look upward, pull down the lower lid, and place the drop in the

pouch formed by the lid and the eye. Great care should be exercised that the dropper does not come in contact with the eye or the lids, as contamination results. In instilling drops for operative cases, the ordinary ward solution should not be used, but a freshly boiled solution, and the dropper should also be sterile. Failure to observe this apparently trivial precaution may result in the loss of an eye from infection.

It is equally important that like care should be taken at the subsequent dressing of post-operative cases.

To dress a post-operative eye case the surgeon will *always* require the following: a basin for soiled dressings and waste cotton, a *warm* solution of boric acid (I have often had it prepared cold. This causes the patient to shrink and forcibly close the lids, which may do irreparable damage to the eye), sponges of absorbent cotton, two or three sterile towels, a tube of vaseline, adhesive strapping, and fresh dressings. If a cataract case, a solution of atropine should be at hand. The best form of dressing is a circular pad about two and a half inches in diameter made up of a dozen layers of gauze. After first anointing the closed lids with vaseline this pad is laid over the eye and fastened by two narrow strips of adhesive plaster running from the brow to the cheek. Over this a circular pad of absorbent cotton is placed and held by a figure-of-eight roller head bandage. In most instances, even though but one eye is operated, both are closed for the first twenty-four hours.

Vomiting is a grave complication after a cataract extraction, and should it be followed by hemorrhage from the eye, it is imperative that the surgeon be summoned at once. Enough blood to soil the dressing should be deemed sufficient to justify his presence.

In operative work at the patient's home many surgeons are accustomed to give out slips containing printed directions to the family and to the nurse. Some also have directions as to the post-operative care of the case.

In selecting the table to be used the comfort of both the surgeon and the patient should be considered. In selecting a room there must be good light, but suitable artificial light must always be at hand. It is very gratifying to the surgeon to have the nurse foresee this and not keep him waiting while she goes to the kitchen, where the maid washes, trims, fills, and cleans a suitable oil lamp.

In all operations about the head a rubber head cap is of greatest value. It prevents the hair from becoming soiled with blood and vomited matter, and renders the surgeon far less liable to infect his hands by contact with the hair of the patient.

In the preparation for a mastoid operation the head must be shaved for at least three inches upward and backward from the ear, even though the patient is a woman and protests most vigorously.

In preparing for throat and nose operations some surgeons spray with various antiseptics very vigorously and others make no preparations whatsoever.

Never go wrong from fear of being thought ignorant. If you are in doubt, ask. No surgeon worthy of the name would be guilty of a sneering or discourteous reply. Do not think because two surgeons manage their cases differently that one of them is wrong. They are probably both right, their difference being in their point of view.

In your general nursing there are a few things you should know how to do properly:

1. How to evert the eyelid properly.
2. How to syringe the ear properly.
3. How to examine a child's eye properly.

These three facts can be best elucidated by demonstration. Any remarks relative to care and protection of your own eyes while treating gonorrhœal ophthalmia would seem almost superfluous.

If you hope to be a surgical nurse of ability, learn well the names and uses of the various instruments employed.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Household Administration, University of Chicago

(Continued from page 614)

XIII. SPECIAL FOODS—BREAD.

If bread is no longer the staff of life, in the sense that it was before swift methods of transportation and the interchange of the products of different countries made possible the varied diet of the present day, it still has retained its place as the most important of any one food and the most universally used.

The history of the human race might almost be traced in the history of its bread-making. Even in prehistoric times meal was ground, mixed with water, and baked in the form of round cakes. The Egyptians and the Greeks knew not one kind, but a great variety of breads. One ancient Greek writer named sixty-two kinds of bread in use, while the excavations in Pompeii have revealed loaves of bread as well as the

ovens in which they were baked. In our own day we connect certain types of bread with different nations, as the black bread of Germany, the hard rye cakes of Northern Sweden, and the oat cakes of Scotland. But the bread familiar to most of us is that made of wheat flour raised with yeast. In some sections of our country salt-rising bread, made without yeast, is frequently used, and in England an attempt has been made to substitute so-called aerated bread for that made with yeast; yet yeast bread remains in general favor.

An ideal loaf of bread should fulfil certain conditions. It should be light and porous, so that the digestive juices may act upon it readily. It should be thoroughly baked, both in order to render the starch digestible and to insure the killing of all germs present in the dough. This necessitates the making of a small loaf instead of the large loaves so often prepared. It should be palatable, with the flavor of the wheat fully developed. A longer baking than is usually given, at a somewhat lower temperature than that ordinarily used, produces a sweet, nutty flavor that is very desirable. The ideal loaf should have a high food value—that is, it should retain as much as possible of the nutritive elements of the grain of which it is prepared. This is particularly necessary when bread forms the chief diet, as it often does with the very poor. Mr. Goodfellow in his investigations of the London poor found that in some districts fifteen per cent. of the children ate only bread for the twenty-one meals of the week, while forty per cent. more had other food only two or three times during the week.

It was for a long time supposed that graham flour and whole-wheat flour furnished a larger amount of nutriment than white flour, and one or the other of these breads has from time to time been urged upon us. It is certainly true that from the standpoint of chemical analysis whole-wheat flour is richer both in proteid and in mineral matter than white flour; but the chemical analysis of a food is often misleading. Late investigations in the agricultural experiment stations have shown that a much smaller proportion of the nitrogenous material from whole-wheat bread than from white bread is absorbed by the body, so that the amount of nutriment assimilated from the whole-wheat flour bread is no greater than that from white flour. The large particles of bran present in graham flour often prove irritating to the intestines and always hasten the progress of the food through the alimentary tract. Much of the graham flour now on the market is said to be a mixture of ordinary white flour with bran.

The wheats from which flour is made differ greatly in properties and chemical composition. We have winter wheat and spring wheat, according to the time in which the grain is planted, red and white

wheats, hard and soft. The soft wheats contain a larger proportion of starch and less proteid than the hard wheats. As a rule, the winter wheats are softer than the spring varieties. A very hard wheat grown in Southern Europe is used in the manufacture of macaroni, and lately successful attempts have been made to grow macaroni wheat in the northwestern sections of our own country. Most of the flour on the market is made from a mixture of different kinds of wheat, carefully adjusted so that a standard composition may be maintained. Each milling of wheat is tested, both by washing the gluten from a portion of the flour and weighing it, and by making sample loaves of bread and baking them. The softer wheats produce the flour that we call pastry flour, while flour containing a large proportion of gluten is better for bread.

The average composition of some different flours, according to the Atwater tables, is given below:

	Water, per cent.	Proteid, per cent.	Fat, per cent.	Carbo- hydrate, per cent.	Ash, per cent.	Fuel value, per pound, calories.
Entire wheat flour.....	12.1	14.2	1.9	70.6	1.2	1,660
Graham flour.....	11.8	13.7	2.2	70.3	2.0	1,655
Spring wheat flour.....	11.6	11.8	1.1	75.0	.5	1,660
Winter wheat flour.....	12.5	10.4	1.0	75.6	.5	1,640
Roller process flour.....	12.5	11.3	1.1	74.6	.5	1,645

A comparison of the composition of flour with that of bread made from the same flour is shown from the following analyses taken from Experiment Station Bulletin No. 67 of the Department of Agriculture.

	Water.	Proteid.	Fat.	Carbo- hydrate.	Ash.
White patent flour.....	12.36	12.43	1.62	73.08	.5
White bread from same flour...	32.8	8.87	3.53	54.18	.62

(To be continued.)



NURSING AS A PROFESSION

BY NELLIE SCHWARTZ

Service Nurse, City Hospital, Indianapolis, Ind.

NURSING should always be spoken of and looked upon as a profession, not as an occupation. A young woman entering this profession should begin with this understanding, and she should ever have in view the aim of securing proficiency in the profession; she should enter into and continue the work with the spirit of a student. This attitude once attained, the mind will then naturally be open to improvement.

Every profession has been made by men and women who think. These have toiled, have sacrificed, and have suffered. They have even been persecuted for striving to continue the one aim of their lives.

It is the scholar that the world and a profession wants, and nothing but study and the development of the mental powers can make, to any degree, the scholar. One thing only makes man better than the brute, and that is the power to develop the brain. It lies in our power to make the work of nursing a profession, and when we have once shown to the public that we are worthy of being recognized as professional women, then we can demand and expect protection from the State.

When the work of nursing was first organized by Florence Nightingale it was proper to think of it as an occupation. Then the art of nursing the sick was but as a helpless babe in the crib; it has been growing and thriving ever since, and now the present corps of nurses in America alone must so far outshadow the fondest anticipation of Miss Nightingale's that, doubtless, could she see for what her great work laid the foundation, she would be amazed.

We cannot hope to pay returns to those who have striven to make this profession what it is, who have taught us what there is in nursing, and who have opened such a field and established such a firm foundation for a profession, no more than "can the child make full returns to the mother whose life trembled in the balance at its birth, and whose tender kindness guided it through all its infancy." We cannot make returns to those of the past, but to those to come, and because we are plucking the fruit of what others have planted, we should in thankfulness plant for those yet to be.

The training-school cannot make the nurse unless she is willing to be made. We must acquire the greatest amount of mental power possible during our course of training in order to meet the demands of the public as well as that of our profession. Mental power, which in-

cludes power to understand, to reason, and to retain what has been learned, is a great requisite, not only to our success as professionals, but to the patient and to the community we are serving. We must be prepared to be called upon to advise in a case of emergency, and unless we have obtained this mental culture by study and observation we will be unable to administer effectively, as a consequence of our indifference to such culture. It is only at the time that we are able to administer that we have the opportunity to make returns to our predecessors in this calling by doing good to the generations yet to come. Mental power is, therefore, the foundation for our future success, and it is worthy of our best efforts in its behalf. We cannot live idle and careless lives during our time as students at the hospital, and later expect the patronage and esteem of intelligent people. Neither can we expect to make useful or proficient nurses to satisfactorily bear the responsibility entrusted to us by the physician in charge, unless we have acquired that one indispensable thing that is more precious than fine gold, *the power to think!*

We, as women, must work out our own salvation. No one educated woman and told her she was a co-worker with her brother. It was woman alone who awoke from her mental lethargy to the fact that she is her brother's equal, and once having had the scales fall from her eyes, she made rapid progress and at present stands on the same footing as her brother in the professional field. So with nursing. No one is going to tell us we should be professionalized; we must put this before the public ourselves. We should always think of ourselves as students, and we should be students perpetually, while persistently aiming to be recognized as professional women, the same as our brothers are recognized as professional men. We must impress upon the public mind that we are students, and we should assiduously strive to be recognized as such. This can be done by proving to the public that we are educated and that we are not merely machines automatically doing the bidding of the physicians. We must prove to the public that we are able to employ the theoretical part of our teaching in as practical a manner as need be. We must show that we have thoughts on subjects outside of our profession, that we can interpret satisfactorily the best literature, and that science and art have been touched upon in our ambitious search for wisdom and mental culture.

Is it for the sake of knowing how to do a few things mechanically, for the sake of securing a diploma, and for the sake of procuring the means of making a livelihood that so many of our young women remain in our hospitals for two or more years? No, we must feel confident that we are all that our diploma signifies—educated professional women ready to embark upon the great sea of experience, to alleviate suffering,

and to teach. When we have done this we can hope to attain the height of our ambition in this calling.

There is no one who can more effectively teach than a nurse. Her example will be imitated by those into whose society she is thrown. Therefore it behooves us to thoroughly prepare ourselves to make the best teachers possible.

It is the woman who thinks, the woman whose foundation is that of a student, that the nursing profession wants. Not until our training-schools are filled with such women can we ever hope to reach the true merit that this work is rightfully entitled to have. "Out on the intellectual sea there is room for every sail; in the intellectual air there is space for every wing."

WHAT MANNER OF WOMEN OUGHT NURSES TO BE?

By MARY AGNES SNIVELY

Superintendent Training-School, Toronto General Hospital

WHEN the invitation from your principal and Committee of Arrangements reached me a fortnight ago, I was glad to have such conclusive evidence that though commercial reciprocity between the United States and Canada had not yet been wholly established, the reciprocal relations existing between nurses in the country which I have the honor to represent and those in this great Republic leave nothing to be desired.

I did not feel at liberty to decline the service to which I had been invited, because of my deep interest in my fellow-nurses and in the cause they represent.

I am here to-day as one of the pioneers, to extend to the Class of 1904—these new-century nurses—the right hand of fellowship, and to bid you, "God-speed."

To one who is privileged to look backward over the retrospect of more than twenty years of service, and who has kept actively in touch with the workers—in fact, has shared with earnest sympathy and coöperation the labors of all who have endeavored to promote the cause of higher education—*i.e.*, education in its broadest sense—among nurses, the future, the near future, is full of hope and promise. It is yours to be dedicated to the work which others thus far have nobly advanced.

What will be accomplished in this new century will depend quite as much upon what nurses *are* individually as upon what they *do*.

* Read at the graduating exercises of the Lakeside Hospital, Cleveland, O.

Consequently, while many lines of thought present themselves as worthy of careful consideration on this day of days in your professional career, it may not be wholly without profit that the few moments allotted to this address be spent in seeking an answer to the questions: What manner of women ought nurses to be, and by what means may they hope to attain more nearly to all that is desirable and ideal, not only in the profession which they have chosen, but in life itself?

I ask the question, What manner of women ought nurses to be? because it seems to me the great question of the moment; because the longer I remain with nurses, I realize with ever-deepening conviction that it is the woman herself that is the all-important factor in the making of the nurse.

I mention this that you may awaken to the consciousness of your importance as individuals, and that you may remember those beautiful words of Matthew Arnold's in which he tells us that "The true end and aim of life is the endless expansion of its powers in endless growth and wisdom and beauty—not a having and a resting, but a growing and becoming."

As the years pass, you will realize more and more your indebtedness to your principal and to the school whose diploma you hold, and with this realization should also come the sense of added responsibility, for "To whom much is given, of them also shall much be required."

It is your privilege and duty to add to the prestige and honor of your Alma Mater.

This brings us naturally to consider that the ceremonies of to-day mark, to some extent at least, the beginning rather than the end of your work.

And just here allow me to congratulate you upon your choice of work. It is the noblest, most womanly, most *Christ*-like, of all the avocations open to women.

In contemplating the thought of the nobleness of the special work or service for which you have been trained, it is well to consider that mere work, however beneficent, cannot be depended upon to produce nobility of character, irrespective of the principles or motives which govern the life.

Channing tells us that "In any occupation, be it what it may, in which a man does work faithfully, honestly, for the sake of justice, he is continually building up in himself one of the greatest principles of morality and religion, because duty faithfully performed opens the mind to truth, both being of one family, alike immutable, universal, everlasting.

"All labor therefore is a school of benevolence, because in support-

ing oneself one also serves others. This thought of usefulness ought to enter into one's thoughts, then would the commonest pursuit be dignified by such a motive.

“‘Seest thou a man diligent in his business? he shall stand before kings; he shall not stand before mean men.’—Proverbs xxii. 29.”

In order that we may comprehend more fully the processes by which the daily experiences and avocations of life become instrumental in the unfolding and ripening of our natures, I ask you to cast your thoughts back to that period in your life when the purpose or determination was formed that you would become a nurse. Following that decision came your entrance upon the daily hospital service, where you have learned, more or less perfectly, the best and latest methods of dealing with those who are suffering from disease or injury. In addition to this knowledge, you have also learned something of the value of time, of order, of method and discipline. You have, let us hope, at the same time become patient where once you were irritable, you have become self-controlled, unselfish, gentle, compassionate, brave, capable—in fact, you have risen from the period of irresponsible girlhood to that of womanhood. The talents you possessed on entering have increased ten, yea, twenty fold.

To the superficial observer you have only been engaged in making beds, bearing the numberless annoyances which sickness entails, and attending to the hundreds of petty duties which go to make up the thrice three hundred and sixty-five days allotted to your training. Nevertheless, consciously or otherwise, you have been engaged in a much grander, nobler, and more lasting work, viz., that of the formation of character. That you are more kind, considerate, intelligent, capable to-day than you were three years ago proves this, and this result dates back to that hour in your life when the decision, “I will be a nurse,” was reached.

The continuation of this process of development, the unfolding and ennobling of life, is not a dream, it is a reality. It is possible for each of you—in fact, it is the end for which we were created. The only being who has the power to prevent this consummation is yourself. It would seem, therefore, that the first step requisite to the development of the moral, as in the physical and mental nature, consists in the solemn, deliberate determination to make the most and best of the powers God has given us.

“A vigorous purpose,” we are told, “makes much out of little, breathes power into weak instruments, disarms difficulties, and even turns them into helps. Therefore he who deliberately adopts a great purpose has by this act half accomplished it, has scaled the chief barrier to success.”

The greatest man is he who chooses the right with invincible resolution, who resists the sorest temptations from within and without, who bears the heaviest burdens cheerfully, who is calmest in storms and fearless under menace and frowns, whose reliance on truth, on virtue, on God is most unfaltering.

And, further, we possess the power not only of making decisions, but of watching the growth of our faculties, and of applying to them the means and influences to aid their growth.

To have all the beautiful, noble, helpful qualities which go to make up the ideal woman fitted into our characters can only be accomplished, it is needless to say, by ceaseless practice.

Does this discourage you? It should not. What makes a woman a good nurse? Practice. What makes a woman a good woman? Practice. "What was *Christ* doing in the carpenter's shop?" asks Drummond. "Practising." "Though He was perfect, He learned obedience. He increased in wisdom, and in favor with God and man." Life is not a holiday, it is an education. The world is not a playground, it is a school-room, and character develops in the stream of the world's life.

"Do not quarrel, therefore, with your lot in life. Do not complain of its never-ceasing cares, its petty environment, the vexations you have to stand, the small and sordid souls you have to live and work with. Above all, do not resent temptation; do not be perplexed because it seems to thicken around you. This is the practice which God appoints you; and it is having its work in making you patient and humble and generous, and unselfish and kind and courteous."

There is a great deal in the world that is delightful and beautiful, there is a great deal that is great and engrossing, but it will not last. Let us therefore address ourselves, at any cost, to the cultivation of the only thing which *will* last—the only thing which, when all else drops from our grasp, we will carry with us into the beyond. The foundations are already laid in our nature; in each of us there are promises of a growth to which no limitation can be set. Therefore, "Whatsoever things are true, whatsoever things are honorable, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, *think on these things.*"

This injunction was given us by the great Apostle because "As a man thinks, so he is"—the thought determines the type. Tell me what you think most about, and I will define your character.

"What a man thinks, he is,
Then let thy thought be thoughts of bliss,
Of heart-hued love, and snow-white purity,
Of heaven and heavenly light,
Of all things high and bright,—
So bright, high, pure, and lovely shalt thou be."

"The evening air clad in the beauty of a thousand stars is not lovelier than the character of him whose whole being is passed in the region of eternal realities; who knows the awful reverence which is due from every man to his own soul; who loveth the thing that is just, and doeth the thing that is lawful and right, in singleness of heart; who keeps the temple of his soul pure and bright with the presence of the Holy One; who loves all that is beautiful in nature and art; who hates what is ignoble, and loves his neighbor as himself."

The chief aim of life, therefore, is not happiness, but service. "God doth with men as they with torches do, not light them for themselves." And that was a wise man who said: "I shall pass through this world but once; any good thing, therefore, that I can do, or any kindness that I can show, to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

"God gives each man one life, like a lamp; then gives that lamp due measure of oil; lamp lighted—hold high, wave wide, its comfort for others to share."

Life would be utterly different, if men would make it different; unutterably more blessed, if men sought or cared for the elements of blessedness. Oh, that men would be true men, and that women would be the holy and gracious things which God meant women to be!

CUBA: A SKETCH

By M. EUGÉNIE HIBBARD

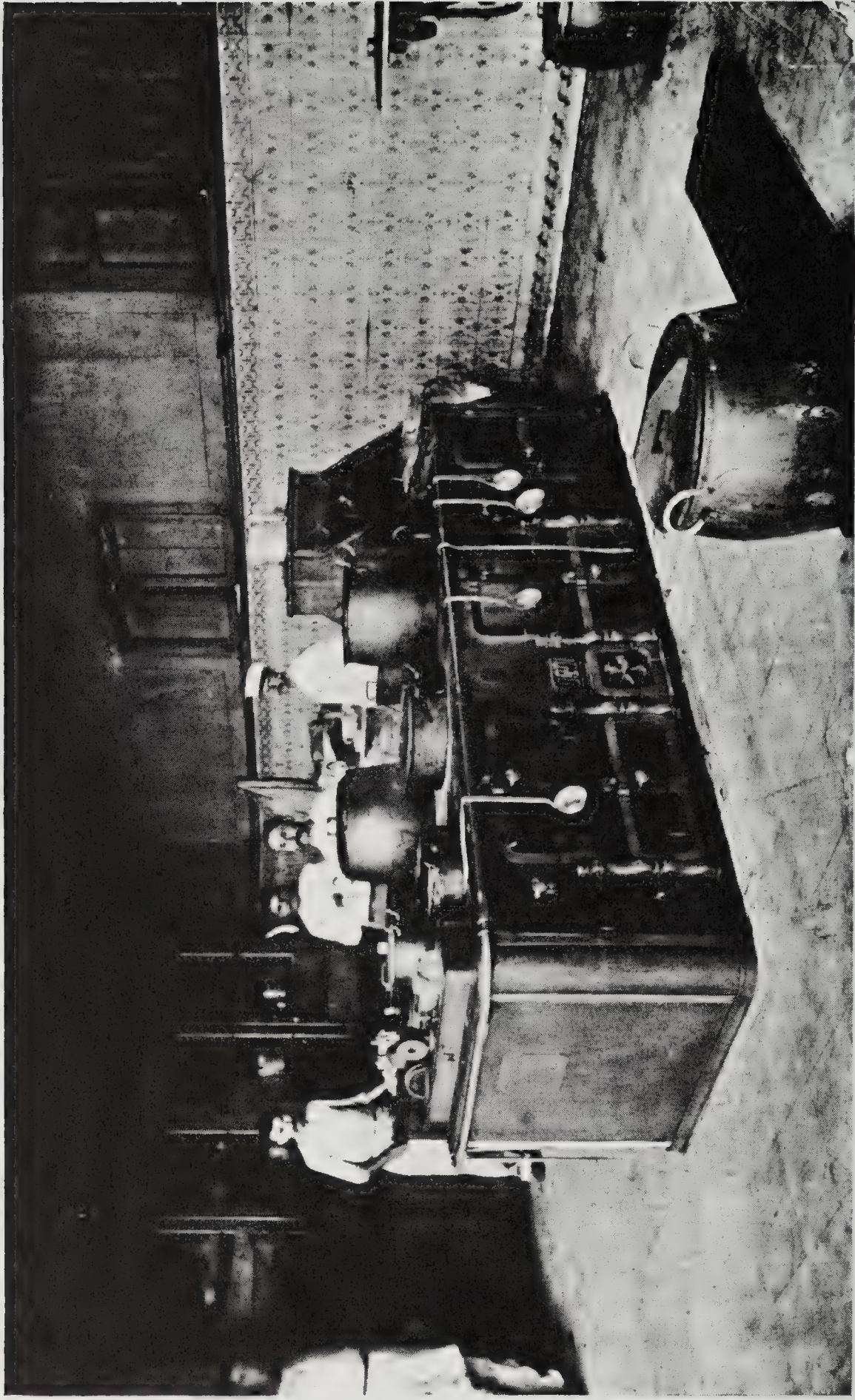
(Continued from page 702.)

In July of 1900 the Department of Charities was organized and placed under the direction of Major Edwin St. J. Greble. It included the management of hospitals, asylums for the orphans, aged, and insane, dispensaries for the poor, reform schools and industrial schools for boys and girls, and emergency and leper hospitals.

The condition of these institutions required extensive reestablishment, renovations, and reorganization. They were practically without funds and required immediate attention. The hospitals were without proper attendance, as the sisters of the various religious orders were returning to Spain. The order of "Hermanas de los Pobres y Ancianos" (Sisters of the Poor and Aged) remained and continued their good work. The flight of the Spanish sisters necessitated the engagement of American nurses in the capacity of inspectors of hospitals, superin-



CLASS OF NURSES AT HOSPITAL NUESTRA SEÑORA DE LAS MERCEDES HAVANA



KITCHEN IN HOSPITAL, CIENFUEGOS, CUBA

tendents, and head nurses, and of American men and women of experience in charge of the orphan asylums and industrial, reform, and training-schools, and a new era began.

The nursing service of the sisters in hospitals was more of a religious than secular nature. Though under the supervision of the medical director, they were directly influenced by the Church, and owing to their vows were unable to perfectly perform the duties of the profession of nursing. In the domestic management the work was perfectly done. Evidence sufficient to convince the most sceptical could be found in the arrangement of linen-rooms, closets, store-rooms, pharmacies, and kitchens, in the care of the linen used in the chapels, and the various aprons, gowns, etc., used by the physicians and others. The pillow and sheet shams which decorated the patients' beds on Saints' days were beautifully embroidered and lace-trimmed. No doubt great pride was taken in this department, but in the actual nursing in the wards their duties consisted principally in distributing at stated times wine and soup to the very sick and praying beside the dying. The performance of these duties surrounded them with a halo of benediction, and I was often impressed with the idea that the patients, knowing of the limitations of the sisters as nurses, appreciated more fully any attention from their hands than they did the services of the nurses, who contributed to a much greater degree to their bodily comfort and general care.

By the voluntary withdrawal of the sisters and their return to Spain the field was left clear for the introduction of American methods, and the "superintendentas," with the support and approval of the Department of Charities and the coöperation of the Cuban medical directors (with but few exceptions), were allowed and encouraged to organize the schools for Cuban nurses, equip the hospitals, modernize the system, and make necessary changes in the domestic departments. It was in a sense much easier to rebuild on a comparatively vacant site than it would have been to reorganize and uproot at the same time. So, regardless of the conditions that may have previously existed, the Americanas could work unhampered by dictate or tradition, though customs entered largely into their calculations. Through ignoring the latter it would have been an easy matter to antagonize and destroy the prospect for good work. The majority of the hospitals were well located, well built, and with a certain attraction and beauty of their own. Mercedes Hospital in Havana heads the list. In appearance it is a modern building, and is comparatively new. It is constructed on the plan of an English hospital (Birmingham, I think) and modified to suit the conditions of the country. The wards are built on the pavilion style, securing air and light on three sides. The interlying spaces are beautiful, cultivated gardens

containing the shrubs and flowers peculiar to the country. The soft splashing sound of the water playing in the fountains adds much to a feeling of pure delight in the surroundings.

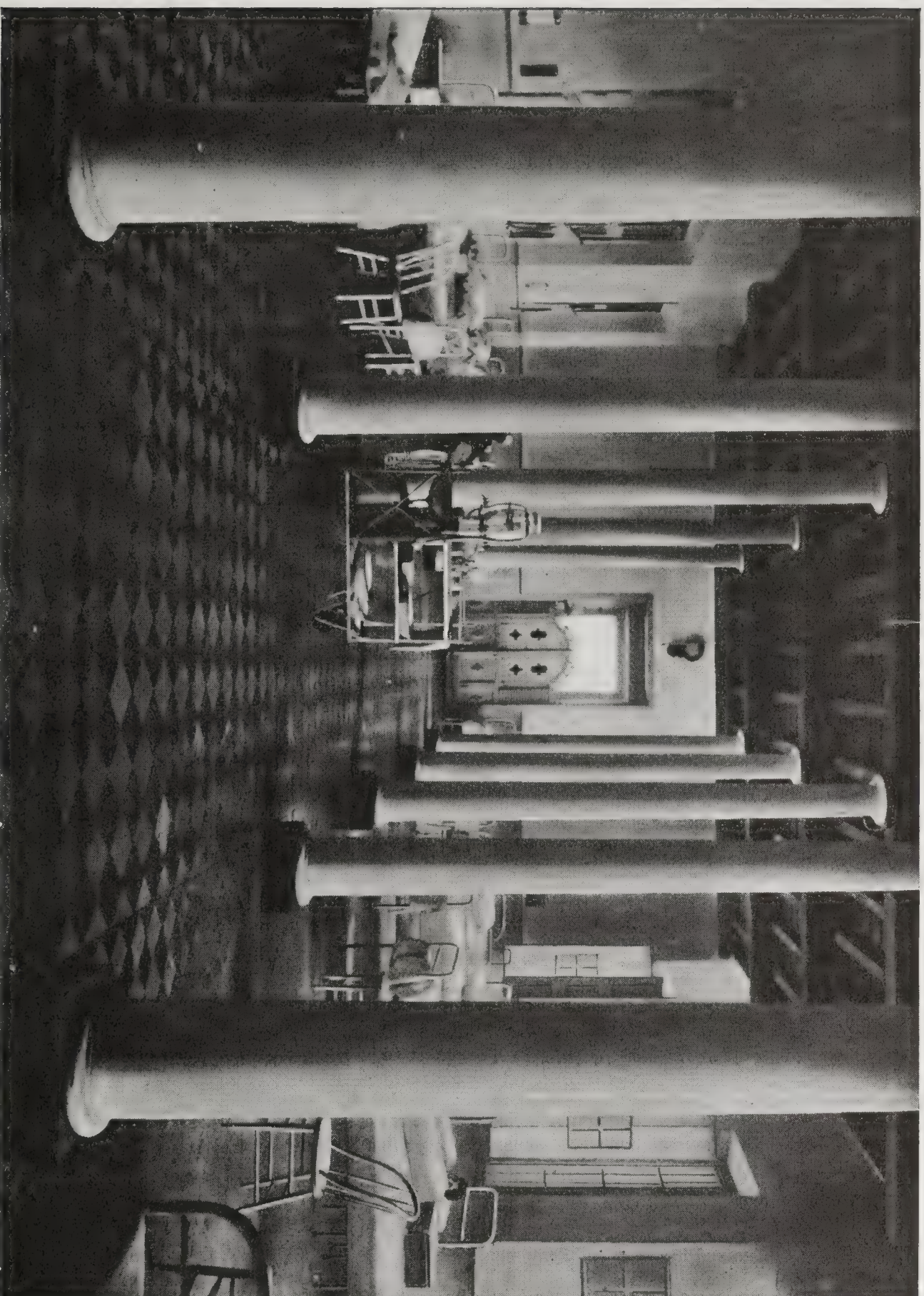
The chapel (Our Lady of Mercy), the pharmacy, operating- and sterilizing-rooms, wards, and kitchens are well furnished and equipped. General Ludlow and General Brooke, with Major Furbush, were particularly interested and instrumental in establishing a high order of things and in organizing the School for Nurses, and at the time of the military occupation, in 1898-1899, it was the only institution which could receive or care for American patients.

Dr. Nuñez, *a patriot*, who suffered deportation to the West Coast of Africa at the hands of the Spaniards, but fortunately escaped, has been for years and is the medical director. In the summer of 1899 Miss M. A. O'Donnell (graduate of Bellevue Hospital, New York City) had her contract annulled with the United States army service to accept the position of superintendenta. She retains her position, combining with it the duties of Inspector of the Schools for Nurses for the Republic of Cuba.

The Hospital General at Puerto Principe, being situated about the centre, was intended to be *the* hospital of the island. The headquarters of the Cuban Railroad, with the necessary workshops, etc., are also placed here, and, although several miles from the port of Nuevitas, will eventually be an important place. To assist the civil government in the work of establishing this hospital Mrs. Quintard, Inspector of Hospitals, with Miss Mitchell, were selected, and carried on the work with characteristic thoroughness and efficiency. The patios, or courtyards, are beautifully cultivated, all the wards opening into them, and they elicit general admiration.

Miss M. E. Pearson (graduate of the Massachusetts General Hospital), now the superintendenta, says: "Though sometimes discouraged, I have kept the feeling that it is a work worth doing. I am wanting more probationers, and the kind that are acceptable do not come. We have only twenty-three nurses in the school."

In Santiago de Cuba one of the largest and finest of the hospitals (I believe) is to be found. This school for nurses has been somewhat hampered in its progress by various circumstances of an internal and external nature. It is a great distance from Havana, the headquarters of the Department of Charities, and during the stage of organization the mail and telegraph service was very inefficient, making the position of superintendenta a difficult one to fill, contributing but little of the "*dolce far niente*" proverbial of life in the tropics. The superintendenta, Miss Louise Brakemeier, mentions that she has thirty pupils



WOMEN'S WARD—HOSPITAL SANTA ISABEL, MATANZAS, CUBA

and expects to graduate the first class in June, 1904. She deplors the lack of elementary instruction, and to overcome this a daily class is held in arithmetic, grammar, and writing. For this instruction the nurses themselves contribute the amount to cover the expense.

The hospital at Cienfuegos is making the effort to realize the expectations of those interested in the training-schools. The superintendents of this school have had many difficulties to contend with. The reports of late are encouraging. Miss C. McDonald (graduate of St. Mary's Hospital, Brooklyn, N. Y.) is superintendent.

To prove the progress of the idea, a training-school for nurses has been organized this year in connection with the Hospital Santa Isabel, Cardenas, in charge of Miss A. O'Donnell, sister of the superintendent at Mercedes Hospital.

The Alfonso XIII. Hospital on Principe Hill, Havana, now Municipal Hospital No. 1, is the largest hospital in the republic. It occupies about forty-two acres of ground and has capacity for over one thousand patients and a daily average of six hundred. It was built for the use and accommodation of the Spanish troops. Being originally a military post, it contained a large number of buildings not necessary for hospital purposes, as officers' quarters, guard-house, mess-halls, stables, etc. The majority of the buildings are of wood, and at the time of the Spanish evacuation were in a greater than lesser degree dilapidated. The United States military authorities appropriated the hospital for their own use and put the buildings in habitable order, re-roofing, building a complete sewerage and drainage system, erecting and equipping an ice and electric plant, and pulling down or burning condemned buildings. The wards are built one story high, in pavilions connecting by covered passageways not enclosed. This hospital was handed over to the municipality in 1900, with the understanding that in case of an epidemic it might be re-occupied (after due notice of a prescribed number of hours) by the United States military government, which, fortunately, was not required.

The School for Nurses was organized in August of 1900, and the difficult task of organizing the different departments and instituting order and system in this extensive and unwieldy institution was intrusted to Miss G. Moore, graduate of Bellevue Hospital, New York City, with American nurses as assistants. The hospital contains medical, surgical, gynæcological, and obstetrical departments, isolated pavilions for tuberculous cases, observation wards for the insane of both sexes, wards for prisoners, children's ward, operating-rooms, and a building for private patients. After passing through several changes the School for Nurses is now under the supervision of Miss E. Walker, graduate

of the Pennsylvania Hospital, Philadelphia, who, in addition to a limited number of American graduates as assistants, has in charge of some of the departments Cuban graduate nurses (as in all of the hospitals in the republic), the Cuban nurse gradually supplanting the foreign one, though American superintendents still remain in charge.

The Hospital Santa Isabel at Matanzas is well located, being midway between "La Cumbra" and the sea, receiving the benefit of the breezes from both points, and commands an excellent view of the harbor. This hospital was built in 1848, supplanting the Hospital San Juan de Dios of ancient date. Immediately after the war it was occupied by the United States military government and received before passing out of their hands the impress of hygiene and sanitation. The conditions existing when appropriated for hospital use by the United States army were so bad that it was necessary to burn some of the detached buildings, as decomposing bodies of Spanish soldiers were located in them. After cleansing by fire, the main building was covered with a yellow lime wash outside and inside, whitewashed throughout, additions were built at one end of the building to contain the modern sanitary equipment for the removal by hydraulic flushing of effete matter, with cross-current ventilation, and bath-rooms were constructed containing both tub and spray baths. The hospital under this energetic administration soon presented the appearance of modernity. When the civil government received the hospital for municipal use at the hands of the military government the work of renovation and thorough disinfection had been accomplished.

The Spanish sisters left Matanzas on October 1, 1900, and on October 3 the superintendent of the School for Nurses was appointed. Preliminary arrangements had been made for the formation of classes of Cuban maidens by Miss S. Henry, Inspector of Hospitals, and five candidates accepted.

The administrative staff of this hospital of one hundred beds (men only) was composed of a medical director, non resident, resident physician, practicante,* major domo, and housekeeper. Servientas and servientes (men and women servants) were employed as nurses and orderlies in the wards. The hospital was very meagrely equipped; one hundred white iron beds were the only modern furnishing. To receive the visits of the doctor it was necessary for all the convalescent patients to sit tailor-fashion on their beds, chairs being so scarce that one of the orderlies was assigned to the duty of carrying a chair around from ward to ward in attendance on the physician in case he should wish to sit down.

* Dresser.



JULIO ORTIZ Y COFFINGY, M.D., MEDICAL DIRECTOR CIVIL HOSPITAL, MATANZAS
A great admirer of America and its institutions.



SPANISH PATIENT AND CUBAN NURSES

A few wooden bedside tables were found, but the majority were cracker-boxes, and even soap-boxes were utilized. Each patient was allowed to take his medicine, which was put up in heterogeneous bottles, including ginger beer and salts vials. One ordinary metal tablespoon did duty at medicine and meal time, and was most jealously guarded and even secreted by the owner, who diligently sharpened the edge so that it might do duty for the absent knife. The patients, accustomed to the care of the orderlies, were inclined to look upon the nurses, especially those of their own nationality, as restrictors of freedom and arbitrators of fitness. Though usually amenable to the "*Americana*," the low-muttered reply of "*Cuba libre*" was sometimes heard. The coöperation of the medical director and physicians was valuable in dealing with this class of patient, and the consistent conduct in the performance of her duty (in the face of many discouragements) by the American nurse, by her ability to relieve suffering and add to their comfort, won the admiration of the majority of the better class in a short time and *then* their confidence.

The conveniences of the hospital were often deliberately ignored by the patients and orderlies, and utensils of various shapes and sizes properly belonging to the bathrooms were left exposed and portable wash-basins were unknown. In less than a year these conditions were materially changed, modern custom and usage had supplanted the old order of things, the hospital was well equipped throughout, and an average class of Cuban girls were under instruction.

The opportunities for more diverse work were secured by the consolidation of the Woman's Hospital, San Nicolas, with that of Santa Isabel under the one roof and administration. Dr. Julio Ortiz y Cofingy has been the medical director for several years and is now in charge. Miss Mary McCloud (graduate of the Connecticut School for Nurses) is the superintendenta.

The American nurse in her work in Cuba has scored a success. She has overcome many obstacles and removed the prejudice of a people who have long been held in the leash of religious sentiment, social usage, and conventionality. She has shown that dignity can be maintained in nursing the sick, that cleanliness is an absolute necessity, and implicit obedience to authority imperative.

The important work of the medical department of the army of intervention in combating disease had been most successfully conducted. A systematic combat with tuberculosis, which had been one of the largest death-rates, had been inaugurated, and isolation of patients secured whenever possible. Free dispensaries were opened for the treatment of this disease and the clinics were faithfully attended.

“Especial credit” is due also to this department of the army, as stated in an official report of 1902, “particularly to Major Walter Reed and Major William C. Gorgas, for their extraordinary service in ridding the island of yellow fever . . . and to Dr. Jefferson R. Kean and Dr. James Carroll for their share in that work. The brilliant character of this scientific achievement, its inestimable value to mankind, the saving of thousands of lives, and the deliverance of the Atlantic seacoast from constant apprehension demand special recognition from the Government of the United States.

“Thus the city of Havana, which suffered neglect for over four centuries at the hands of Spain, in less than four years under American guidance ceases to be one of the most unhealthy of cities and proudly takes a foremost rank among the healthiest of cities. . . .”

In lighter vein, it is interesting to trace the impression made by the Cuban people and their customs. As early as 1865 George W. Carleton published a little brochure in which he alludes to “the paring of oranges and drinking from their cups of nectar, tearing through the narrow streets of Havana in ragged volantes—listening in the soft moonlight . . . to the Artillery Band in the Plaza de Armas, assisting with domino . . . at the masquerade in the Tacon Theatre, lounging with ices or delicious chocolate at the Café Dominica, dallying with cigar and fragrant coffee after the regulation breakfast, . . . vagabondizing along the shady side of Calle Obispo, and so forth through all the ‘dolce far niente’ of a stranger’s drifting life among the lights and shadows of the Antilles’ Queen.”

In Havana one sees the Cuban people, and the characteristics which impress one and which can be traced to Spanish ancestry are, Celtic love of home and kindred, Iberian endurance and personal independence, strong sense of individuality, element of personal pride and scorn of industry, this latter a legacy bequeathed by the Middle Ages.

(To be continued.)



BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



ENCYCLOPÆDIA OF HOUSEHOLD ECONOMY. By Emily Holt. New York: Phillips & Co., publishers.

As a curiosity this book is recommended to searchers after novelty in literature. Perhaps its appearance is due to the 1830 revival, but many of its features go a hundred years back of that date. There is much that is excellent and of practical value in the book, though most of it seems to be written for pioneer or frontier life, where time has little or no value so long as seasons are duly observed and planting is done in the spring and reaping in the autumn. There is plumbing after Waring; there are the latest fads in electric lighting; the treatment of a sick cow; there is a list of insecticides wherein the bed-bug is ignored—probably unknown; there is a chapter on "Healing Simples." At first glance one takes exception to the noun in the title and a second look crosses out the adjective. They suggest aggravation rather than healing, and very active poisons seem miscalled simples.

The instruction in sewing one feels to be inadequate. The instructor warns against the sewing-machine, which is liable to get moody and indulge in vagaries, is an unreliable aid and not to be depended upon. But it is the chapter on nursing that gives one a desire to chew long on the cud of reflection. The chapter opens:

"Since the trained nurse is a luxury of woe beyond the reach of so many of us, it is worth while to set down some things possible to any person of ordinary intelligence, which, faithfully followed, will make her absence less keenly felt." This sounds sarcastic, but may not be so. Some of the things set down are the essentials that every nurse carries away from her training-school, but there are other things set down that remind us of the saying, "A little learning is a dangerous thing."

THE LIFE-WORK OF GEORGE FREDERICK WATTS, R.A. By Hugh MacMillan, D.D.; LL.D., F.R.S.E., F.S.A. (Scot.). London: J. M. Dent & Co.; New York: E. P. Dutton & Co., publishers.

Perhaps it is hardly necessary to call to the attention of the reader any one number of the series of "Temple Biographies," since they claim so much well-deserved popularity; yet this one number in particular has in it so much that is applicable for instruction and inspiration that one is constrained to add one word more in praise of Dr. MacMillan's "Life-Work of George Frederick Watts." It seems to appeal to our own profession in a way more than to any other class of the general reading public. The nature of our calling as nurses makes it impossible to escape from dwelling much in thought on the mystery of human life, on its spiritual significance, on the inscrutable design which ordered the laws which govern human life. Naturally, when we find one in the higher intellectual calling who makes his life-work the study of these questions we are

eager to look through his eyes and see with his vision. To do so in this case seems impossible, seeing that almost none of Watts's pictures are to be seen on this side of the Atlantic; but Dr. MacMillan's book overcomes this serious obstacle for us in some measure, for it is a translation in some sort, or, as he himself calls it, "a literary interpretation of what Watts with larger, other eyes than ours has seen in nature poetry, and myth, and in human character. We may not be allowed to see these pictures, but through Dr. MacMillan's presentation we may know the thought which Watts expressed in each, thus satisfying the spirit, even if the eye is cheated. There is very little of a personal nature in the book—it is concerned more with the work than the worker; yet there are some interesting notes on the personal habits of this great man which it were well to give a thought to. Naturally of a rather delicate constitution, he has lived longer than many men, and worked harder than most. His own words are quoted in the following rule: "I have never smoked. Greater things were done in the world, immeasurably greater, before tobacco was discovered, than have ever been done since. The cigarette is the handmaid of idleness. Possibly it may be a sedative to overwrought nerves; but overwrought nerves in themselves are things that ought not to be. Of wine I have taken very little. In my earliest years I used to take a little, but for a long time I have never touched any form of alcohol. At meals I never drink anything, not even water. Tea, yes, in moderation. And so with regard to food. I have been compelled to eat moderately and of simple fare; to go to bed early, nine o'clock for the most part; to rise with the sun; to avoid fatigue, and to enjoy plenty of fresh air." We are told of his unrelenting labor, his splendid independence, that scorned to work for money only; of his indifference to popularity, that he twice refused a baronetcy, preferring as his only title that conferred by a friend, "The Painter of Eternal Truths." In this country we know him by those beautiful photographs of his portraits which may be seen at galleries like Hegger's, Keppel's, or Wunderlich's; there too may be seen photographs of some of his other pictures. Dr. MacMillan calls our attention to the gradual working through different stages of art. "His apprenticeship, as it were, to portrait painting qualified him for the representation of all that was noblest and most spiritual in the human face, and from thence to the realization of the ideal qualities and abstract virtues." And of landscape: "He wanted to make us see the glory of the grass, and the splendor of the flower, in order that we might see the surpassing glory of things which eye hath not seen in the visions of the soul." After the chapter on the "Greek Myths" comes "Scenes and Incidents from Hebrew Story," of which the author writes: "Very precious is the group of pictures which illustrate the Hebrew story, and form a special gallery of their own, which, if Watts had done nothing else, would have conferred immortality upon him. Few have drunk deeper of the spirit of Sacred Scripture than he has done or assimilated its teachings more thoroughly. "The series may be said to commence with the paintings which illustrate the birth, temptation, and repentance of Eve." The first of these three, wherein "Watts wishes to show what is still constantly taking place, the awakening of her (woman) from the sleep of ignorance and contented inferiority to the consciousness of her true nature and power. The proper function and mission of woman is one of the greatest questions of the age." Following the chapter on Hebrew story comes that on "Allegories," followed in its turn by "Realism." One picture in the latter we note, "The Shuddering Angel." "The angel is represented with black bands of mourning upon his wrists, covering

his face with his hands, in great distress, as he bends over an altar on which lie the feathers and wings of birds which have been stripped off to adorn the bonnets of fashionable women. Those who know how much havoc this monstrous caprice of fashion has wrought amongst the most beautiful of God's creatures cannot but be filled with indignation when they gaze upon this picture. Thousands who worship at the altar of God do despite in this manner to the fair humanities of the blessed religion which teaches that the Father of all marks the fall of every sparrow to the ground. And the altar of fashion at which they bend the knee is the altar of Moloch stained with innocent blood."

In the chapter, "The Cycle of Death," we reach the climax of Watts's greatness, and realize in a way that nothing is done at random, that if in the beginning the great painter had not dared to plan, still, he worked towards the goal which he has in so great a measure achieved. He has made good his motto, "the utmost for the highest." "All these pictures shadow forth, in expressive symbols, the religion of Watts; his belief in the moral government of the universe; his serene faith that all things come through a Divine ordering and in conformity to a Divine plan; his artistic solution of the great problems of sin and life and death and judgment, of the ruin, and of the redemption of the world."

Watts has used his pen as well as his brush. A quotation is given from an article contributed by him to the *Nineteenth Century Review* of 1883, wherein he remonstrates against some of the monstrous fashions of that time. Then, as now, women appeared to believe that natural beauties must be perverted to be acceptable to popular taste. The shape and size of the head must be made abnormal; the hand, the foot, and the waist must be pinched; at which he cries out in horror, pointing out that women in middle life lose their abnormal height by a collapse of the muscles which support the spine, these muscles becoming atrophied by the constant binding of tight corsets. This may seem out of place, but it is very characteristic of the man. The common things that others overlooked came in for his attention, the sorrows of the poor, the cruelties to the lower animals, the want of appreciation for homely virtues and humble heroes, were all too great for him to pass unnoticed.

The greatness of the subject assures the great fascination of Dr. MacMillan's book; yet we lay it down with the conviction that his perception must have been peculiarly sensitive or that he must have been on very happily intimate terms with the painter, since the final revision of the book by Mr. and Mrs. Watts would certainly have corrected any misinterpretation. One feels that Dr. MacMillan's death, announced by the editor's note at the end of the book, has removed one from whom we would gladly have heard more. We cannot but feel that no one ever met Death on more friendly terms, for, like Watts, he regarded death as a natural episode in life, not at all affecting one's real existence, but merely the closing event of one stage of it.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



TYPHOID BACILLI IN THE FÆCES AND URINE OF TYPHOID CONVALESCENTS.—The *Interstate Medical Journal*, St. Louis, says: "Herbert (*Muenchener Medicinische Wochenschrift*) examined the excretions of ninety-eight convalescents from typhoid, the urine two hundred and twenty-eight times and the fæces two hundred and sixteen times. Typhoid bacilli were found in the urine of eighteen per cent. of the cases and in the fæces of three per cent. of the cases. They were present in very large numbers in the urine and in very small numbers in the fæces. In the cases in which the findings were positive, four were severe, eleven moderate, and three very light. It is of great practical importance to know that the bacilli are so often found in the urine of convalescents during the first four weeks. The length of time intervening between the last day of fever and the disappearance of the bacilli from the urine is from eight to twenty-seven days. In the second month of reconvalescence, with one exception, the excretions were free from typhoid bacilli."

THE INFLUENCE OF NURSING UPON THE FREQUENCY OF CARCINOMA OF THE MAMMÆ.—In this very interesting essay the author has compiled all the accessible statistics pertaining both to the frequency of carcinoma of the breast and the percentage of mothers nursing their children. These statistics, referring mainly to the conditions in Germany, include, however, a number of other European and foreign countries. A comparison of these statistics demonstrates the surprising fact that all those countries in which the nursing of the babies by their mothers is notoriously more in vogue show a smaller percentage of mammary cancer. It would seem that hypoplasia of the breast, due to a failure of proper use continued during generation, forms a predisposing factor in the development of a malignant growth.—L. LEHMAN (*Inaug. Dissers. rev. Centralbl. fuer Gyn.*).

THE OATS CURE IN SEVERE CASES OF DIABETES MELLITUS.—At the last meeting of naturalists at Carlsbad, von Noorden submitted a short report showing the good results occasionally obtained by putting diabetic patients on an oatmeal diet. A further experience with over a hundred patients has served to confirm his previous conclusions. The oatmeal is boiled in water for a considerable length of time with the addition of a little salt. While boiling, butter and some vegetable albumen, or, after cooling off, beaten white of an egg, is added. The usual daily dose at the beginning of treatment is two hundred and fifty grammes oats, one hundred grammes albumen, three hundred grammes butter. The broth thus prepared is given every two hours. In addition, a little brandy or wine and a little strong black coffee are allowed.

After a longer or shorter course of this regimen, diabetic patients whose glycosuria had not ceased, even when they were put on a strict carbohydrate-free diet, soon stopped excreting sugar. The return to a mixed diet must be made

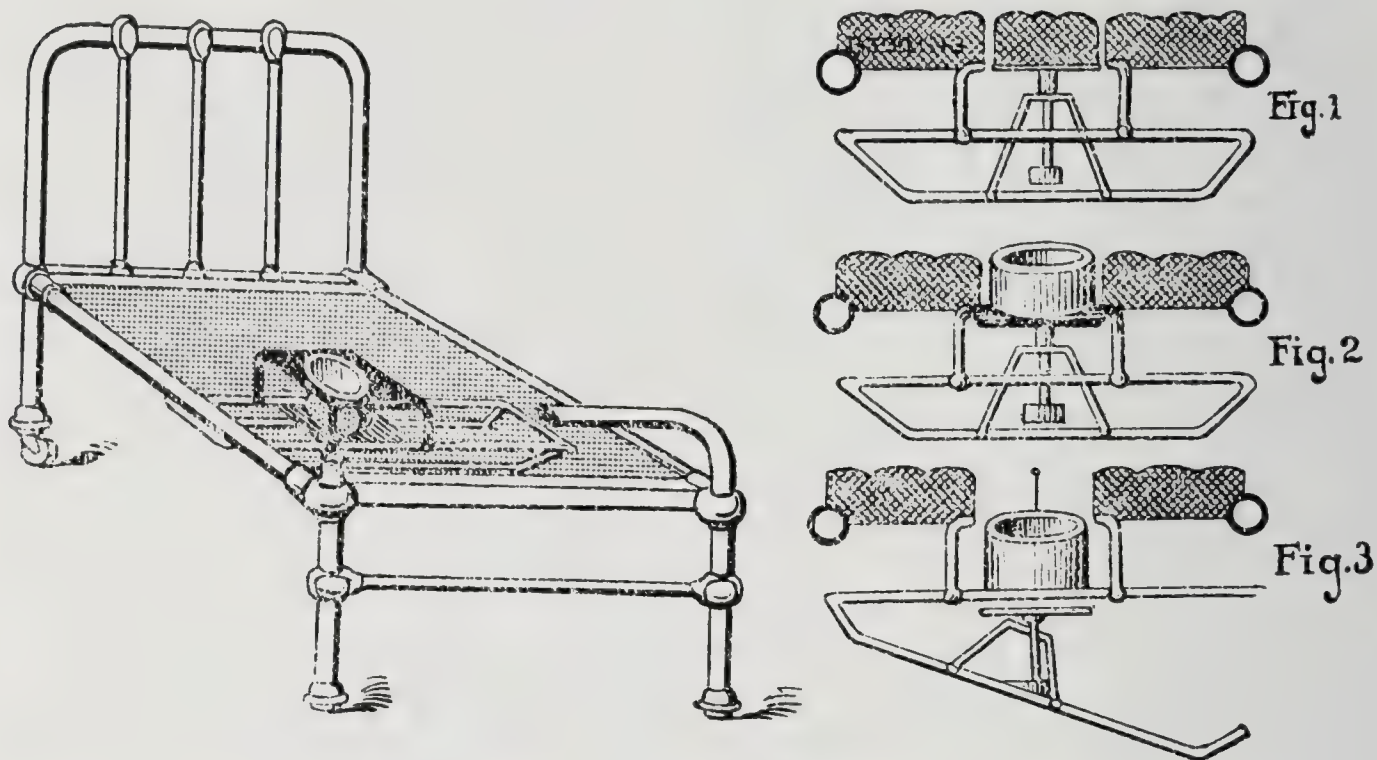
cautiously and gradually, as acetonuria is apt to ensue. While this treatment is not to be promiscuously applied, and while some patients seem to be injured thereby, others are strikingly benefited, their tolerance for carbohydrates being markedly and permanently increased. Von Noorden confesses his inability as yet to furnish any criterion for distinguishing between those diabetics who will be benefited and those who will be harmed by the oats cure. On the whole, however, it is the severe cases that do best under it,—C. VON NOORDEN (*Berliner klin. Wochenschr.*).

THE USE AND ABUSE OF HYPNOTICS.—The *Medical Record* in a synopsis of an article in the *Journal of the American Medical Association* says: "According to W. Blair Stewart, no plan of treating insomnia is rational that does not seek for the underlying cause of the condition complained of. The insomnia of acute indigestion, fever, earache, toothache, outside noises, calls for the primary removal of the respective causes of these conditions and not for the routine administration of some favorite remedy. Mild massage, warm baths, and warm oil-rubs at bedtime will often render drugs unnecessary. To prescribe alcohol even in small quantities to induce sleep is a dangerous procedure. There is always danger of habit-formation, and there comes a time when only a large quantity will induce sleep, and this sleep is not restful. Moreover, the next day there appear the toxic effects of the alcohol in the shape of nervousness, irritability, headache, anorexia, and often delusions. All of the usual hypnotics are cardiac depressants and ought to be given with the greatest caution. Perhaps the two safest are trional and sulfonal in that they offer the smallest amount of disagreeable after-effects. Thorough ventilation of the sleeping-room, hypnotic suggestion, and a cup of warm broth or milk on retiring often render any other measures unnecessary."

THE VITAL IMPORTANCE OF DETECTION AND RELIEF OF EYE-STRAIN.—"Ambrose L. Ranney," says the *New England Medical Monthly*, "presents a comprehensive series of conclusions and deductions, some of which are as follows: Eye-strain can be a potent factor in disturbing the normal development of both mind and body and in causing and perpetuating physical ills. Near-sightedness, when uncomplicated, causes little or no eye-strain. An imperfect centring of a strong myopic glass to the pupils may create great nervous disturbance, however, because of prismatic effects. Far-sightedness and astigmatism should be recognized early in life and corrected by glasses. Both cause an unnatural expenditure of nervous force in proportion to the extent of the defect. Mal-adjustment of the eye muscles may exist as an independent deformity. It is a most prolific cause of physical and mental ills. Imperfect mental or physical development is very apt to be associated with some type of eye-strain. No child should ever be allowed to begin its education without preliminary testing of the eyes and also of the eye muscles. The full amount of mal-adjustment of the eye muscles is not usually disclosed because sufferers of this class unconsciously acquire "tricks of adjustment." A very large proportion of eye defects are congenital. Eye-strain predisposes to the development of cataract and other eye diseases. The writer believes that many inmates of institutions for the feeble-minded, insane hospitals, and epileptic colonies owe to eye-strain their confinement or social ostracism. This statement is based upon carefully collected clinical data. Legislative enactment should compel an eye examination of every child before it enters the public schools."

A COMMODE BEDSTEAD.—The *New York Medical Journal* has a description of a new bedstead invented by G. S. Heatley, M.R.C.V.S., Edinburgh, which is of interest to nurses:

“The attention of the medical profession is called to a new commode bedstead which promises to fulfil admirably all the requirements of the invalid in cases of disablement or protracted illness. A general view of the bedstead is given, and Figs. 1, 2, and 3 indicate the mechanism employed in its manipulation.

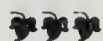


HEATLEY'S COMMODOE BEDSTEAD.

On the right, Fig. 1 shows the pan out of use, the hole in the bedding being filled with a plug of material similar to the mattress. The resiliency of the spring mattress is unimpaired, as the whole apparatus is suspended with and moves with the same. Fig. 2 shows the pan in position for use. It can be left so continuously without causing discomfort; it can also be removed or replaced without awaking the patient. Fig. 3 shows the lever, A, lowered, so that the pan may be withdrawn and the bed-plug replaced, or vice versa. Then by raising the lever, A, the substitute plug or pan is raised to the position shown in Figs. 1 and 2.

“The construction of the bed is as follows: In the centre, about the position occupied by the pelvis, is a hole in the bed. Corresponding to this are a hole in the mattress, the edges of which are lined with rubber, and one in the sheet. The hole in the mattress is filled, under ordinary circumstances, by a mattress pad capable of removal. Underneath the bed, below the hole, are two sets of rails, upon which either the mattress filler or the bedpan runs or slides. To use the pan, the depression of a lever attached to the rails lowers the mattress pad so that it can be withdrawn underneath the bed. The bedpan, charged with disinfectant, is then slid in till it reaches the place formerly occupied by the pad, when by raising the lever the pan is lifted into actual contact with the patient, and can be kept there as long as desired. When the pan is no longer required, the lever is depressed, the vessel removed, and the pad to fill up the opening in the mattress replaced; the whole is then raised again into position by the elevation of the lever. All this can be accomplished without the slightest disturbance of the patient's position other than is necessary to draw up the night clothes. The inventor will be happy to answer any inquiries, 66 West Washington Place, New York.”

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

MR. O. C. BARBER has presented to the city of Akron, O., a beautifully equipped hospital building, costing two hundred thousand dollars. The hospital was dedicated on June 5 with elaborate and imposing ceremony, ten thousand people gathering on the grounds to attend the exercises. The committee which had in charge all the details of the dedicatory exercises consisted of three members from the board of trustees of the hospital and three from the auxiliary board. The three former were C. B. Raymond, A. H. Marks, and C. C. Goodrich; the three latter, L. C. Miles, C. C. Benner, and W. B. Baldwin. Hon George W. Crouse presided and made the opening remarks. Mr. Barber in his address spoke with great praise of Miss Lawson, the matron, for her part in planning the new hospital, as did other speakers. Mr. Barber stated that had it not been for her he probably would not have undertaken the work. He also referred to the growing importance of the work of the district nurses in the large cities, and expressed the opinion that such nurses were needed in Akron, but that in order to provide such service more nurses were needed, and stated that the old Emergency Hospital building was to be converted into a training-school. Among the guests were Mrs. J. Howard Edwards, of Youngstown, formerly Miss Sims, and Mrs. W. C. Jacobs, former matrons of the hospital. A unique feature of the exercises was a parade of over six hundred people in line, which preceded the dedication services. Companies of the State militia, Knights of Pythias, Knights of the Maccabees, and other organizations, with many distinguished citizens, marched through the principal streets of the city.

THE Lane Hospital, San Francisco, Cal., will shortly add a Finsen lamp to its "X-ray" equipment, which, under the able direction of Dr. Lehman, of Freiburg, Germany, will be used principally for the treatment of lupus and some forms of epithelioma, such as rodent ulcer, etc. The former disease (which is a tuberculous skin affection) is but rarely met with in cities on this continent, although quite common in European countries. The lamp, which has been ordered in Denmark, is of much greater candle-power than those used in London, England, and, having but one concentrator, can accommodate only one patient at a time, the length of treatment being about an hour. As the lens must be carefully focussed upon the same spot during the entire treatment, the care of two or three patients coming daily will be arduous enough work for one nurse, as a beginning. The lamp will be set up in a treatment-room in Cooper Medical College, adjoining the hospital.

TRAINING-SCHOOL NOTES

ON Thursday, May 26, in Stickney Memorial Hall, were held the commencement exercises of the Training-School for Nurses of the Pasadena Hospital, California. The address of the evening was made by Dr. Norman Bridge, "The Trained Nurse and the Larger Life," and was a most able and stimulating production. The seven young women graduated were the Misses Florence K. Bacon,

Frances Murray, Elmira McCullom, Mary Morse, May Mendenhall, Mrs. Lilian Burlingame, and Mrs. Ida Lee. Pasadena Hospital is one of the possessions that this city is especially proud of. It had its beginning late in 1899, when a body of generously minded men and women formed the Pasadena Hospital Association, paying each an annual fee of five dollars for the privilege of working and giving to found a city hospital that would meet the rapidly increasing need. At first they took over the quarters previously used for a private hospital, but generous donors had so quickly responded to the call for a building fund that in January, 1902, the main building of the Pasadena Hospital, erected at a cost of twenty thousand dollars, was opened to the public. It is a tasteful structure, two story, concrete finish, and is situated in the southwest part of Pasadena on a rise of ground which commands a glorious view of the little city, the mountains, and San Gabriel Valley. The Helen Wilde Home for Nurses, the gift of the late Mr. J. D. Wilde as a memorial to his wife, was opened in February, 1903. Last month occurred the opening of the Clara Baker Burdette Maternity wing, erected at a cost of twelve thousand dollars, and the gift of Mrs. Robert J. Burdette. Last of considerable benefactions is the gift, by a former Chicagoan, of a medical and tubercular emergency pavilion, to be erected at once, and which, among other services, will provide accommodations for the pitiable cases of tuberculosis coming to this country, sick, alone, and strange, and against whom every door is shut by reason of the disease which makes their need of care so imperative. The Hospital Association is made up of about one hundred members, with a Governing Board made up of the laity. There is no resident medical staff, but the profession have from the first shown the keenest interest and appreciation, and have contributed directly, or indirectly through interesting wealthy clients, to the successful establishment and maintenance of this worthy institution. Mrs. Sabina Pemberton, St. Luke's, New York, Class of 1894, is the superintendent of the hospital and of the Training-School, Miss Harriet Ely is matron, and Miss Elizabeth McGaffery chief surgical nurse, both from Malden Hospital, Massachusetts; Miss Annie Mowatt, of Seattle General, will be the directress of nurses. The course for nurses has been increased from two to two and one-half years, and the two new pavilions will still further broaden the scope and increase the value of the training. The hospital has a present capacity of fifty beds.

COMMENCEMENT—JOHNS HOPKINS SCHOOL FOR NURSES.—The graduating exercises for the Class of 1904 of the Johns Hopkins Hospital Training-School for Nurses were held on Thursday, May 26, at half-past three o'clock in the afternoon in the large hall of the Physiology Building, which was handsomely decorated with palms and ferns.

The graduating class of twenty-five members marched from the rear of the hall to seats awaiting them on the left of the platform and were followed by the head nurses and officers of the school, who sat in the corresponding space on the right. The platform was occupied by the Board of Trustees, Father Manning, Miss Nutting, Dr. Osler, and Dr. Hurd. Father Manning gave the invocation, and this was followed by Miss Nutting's report, in which a brief summary was given of recent work in the school. The establishment of an entrance fee to assist in defraying the cost of preparatory instruction; the reconstruction of the method of awarding scholarships, introducing a single scholarship of four hundred and eighty dollars to be awarded at the end of the third year; alteration in methods of teaching certain subjects, notably materia

medica, whereby practical handling of drugs in the pharmacy is substituted for didactic teaching, and other minor changes were outlined. The extension of the usefulness of various hospital clinics by the establishment of visiting nurses to work in connection with them, which has been one of the features of the year, was referred to. Graduate nurses were appointed with the sole duty of visiting and instructing tuberculous patients in their homes, in connection with the tuberculosis clinic, and also with the orthopædic clinic, and the excellent results of the work in this direction, which was instituted as an experiment, indicate clearly what its elaboration may mean in the future.

At the close of this report Dr. Edward F. Devine, of the Charity Organization Society, New York, gave the address, choosing for his subject "The Trained Nurse in Philanthropy," presenting from the stand-point of a layman the field for nurses as it broadens out among charity and social workers. Dr. Devine believes that the nurse may bring to this field, by reason of her practical training and her more or less scientific attitude, an admirable equipment, and his views are refreshingly vigorous and definite both as to her possibilities and her limitations. His address is published in the June number of the *Johns Hopkins Alumnæ Magazine*.

The graduating class of this year was favored beyond that of ordinary years in receiving a brief congratulatory address from Judge Harlan, the president of the Board of Trustees. Judge Harlan spoke with hearty commendation of their efforts, of the benefit which the years of hard work and discipline had been to them, and encouraged their continued efforts in maintaining the high standards of work and personal worth which the public had a right to expect from them.

Dr. Hurd then awarded the diplomas and announced the scholarships which had been awarded: four in the Senior Class, to Misses Clara Dudley, Elizabeth Richards, Katharine Christhlf, and Ruby Hamilton, and in the Intermediate Class to Misses Cora Baker, Ina Chambers, Alice Damman, and Mary Cook. Dr. Hurd closed the exercises by extending an invitation to all of those present to attend the reception which followed in the hospital grounds.

The grounds, which are unusually beautiful this year, were decorated with gay tents and marquees, from which refreshments were served to several hundred people. The incoming seniors entertained the graduates at a dance given that night in the Nurses' Home.

THE first class to complete the new three-year course of the Seattle General Hospital held its graduating exercises in the First Methodist Episcopal Church on Tuesday evening, June 14, at eight P.M. The class numbered nine, and consisted of the following: Misses Harriet Walton, Gertrude Pearl Hubbard, Louise Murray, Mollie Groven, Letitia Agnes Murphy, Meta Schaller, Isabel Kelling, Emily Marion Mowat, and Florence Ethel Burritt. The following programme was given: Piano solo, Miss Clara Wolter; invocation, Rev. Fletcher Wharton, D.D.; violin solo, Miss May Walker; address, Rev. M. A. Mathews, D.D.; address, Rev. E. M. Randall, D.D.; soprano solo, Mrs. G. A. Edmunds; address to graduates, Park Weed Willis, M.D.; presentation of candidates, T. S. Lippy; presentation of diplomas and medals, Rev. Fletcher Wharton, M.D. Preceding the exercises the intermediate class entertained the graduating class with a launch party on Lake Washington. The party chartered the launch Idylwild and crossed the lake to Bothell. In the woods camp was pitched, camp-fire built, and luncheon served.

The Seattle General Hospital, while one of the smaller institutions, with a

capacity for seventy-five patients, excels in its work many larger and better equipped institutions, both in quality and quantity. Particularly in surgery are most excellent results obtained. The institution accepts patients from all reputable physicians, yet there is a regularly appointed staff from among the foremost of the profession of the Northwest. This staff also acts as the Training-School Committee and consists of the following: Park Weed Willis, M.D., Frantz H. Coe, M.D., Lewis R. Dawson, M.D., Hiram H. Read, M.D., George B. McCulloch, M.D., Robert M. Stith, M.D., Ivar Janson, M.D., and Nevin D. Pontius, M.D. The superintendent of the hospital and Training-School is Miss Evelyn Hall, of the Methodist Episcopal Hospital, Brooklyn, N. Y. Miss Hall is ably assisted by Miss May Loomis and Miss Cora Gillispie, both graduates of the Illinois Training-School. The Training-School consists of thirty-three young women of superior intelligence and high ideals. A most excellent spirit pervades the school. They are determined that the nursing profession of the "Great Northwest" shall be looked upon with pride, and that the nurses of the Training-School of the Seattle General Hospital shall assist not a little in elevating it to its highest standard.

THE commencement exercises of the Metropolitan Hospital Training-School for Nurses were held in the new Solarium, Blackwell's Island, on May 28, Dr. Walter Sands Mills, chairman of the Committee of Nursing, presiding, with Hon. James H. Tully, Commissioner Department of Public Charities, as honorary chairman. The programme included the reading of the annual report by the superintendent, addresses by the Rev. Francis Barnum, chaplain of the Metropolitan Hospital, Dr. John H. Demarest, president of the Metropolitan Medical Board, and the Rev. William T. Crocker, rector of the Church of the Epiphany; administration of Hippocratic Oath and presentation of diplomas by Mrs. William Kinnicutt Draper, president of the Board of Managers; presentation of prizes by the Commissioner; benediction by the Rev. Thomas Gardiner Littell, D.D., followed by a reception at the Nurses' Home. The graduates were: Martha Rutledge, Laura Patterson, Mary Hogan, Luella Johnson, Emily Wilkinson, Lucie E. Moore, Katherine Agnes Dillon, Aldine May Robert, Lulu H. Uptegrove, Gertrude Mary Ross, Eleanor Virginia Briggs, Frances Winnifred DeLong, Sara Emlyn Winter, Leuvenia Nice, Emma May Harding, Julia Delafield Clock, Mary Radford Harold, Lucca Katharine Wagner, Lillie Alberta Weaver, Bessie Lee Gipson, Aileen Rowena Leonard, and Nellie Elizabeth Martin. The post-graduates were Lillian Elizabeth Henderson, Elizabeth A. Olwell, Virginia Fernlie Durfrey, Clara Moreland Evans, Lucy Bell Sadler, Anna B. Waters, Emily Wilkinson, Ella Johnson, Mary Hogan, Katharine Agnes Dillon, Lulu H. Uptegrove, and Eleanor Jackson. The nurses received their training in the Metropolitan Hospital and Tuberculosis Infirmary until May 17, when the following regulation was passed: "That after this date it shall be understood that the nursing in the Tuberculosis Infirmary is a privilege to be granted to pupil nurses for two weeks only, and it is in no way to be considered as a part of their regular training."

THE tenth class to graduate from the Training-School for Nurses of the Presbyterian Hospital of New York received their diplomas on the evening of May 12. The exercises were held in the dispensary of the hospital, and the programme was as follows: Prayer by Dr. Duffield, of the Old First Church; music by the Mendelssohn Quartette; address by Dr. Richard Cabot, of Boston. The presentation of diplomas and pins was made by Mr. Frederick Sturges, who

with a few telling remarks welcomed the graduating class into "The Order of Neighbors," which he established at the graduation of the first class, and of which their pins are an emblem. The benediction was pronounced by Dr. Charles P. Foquain. For his address Dr. Cabot advocated the advanced education of nurses, saying that he considered it impossible for nurses to be too thoroughly grounded in anatomy, bacteriology, and allied subjects, holding that the more thorough their education had been, the more interesting they would find their work and the better appreciate the importance of its detail. So high does knowledge stand in Dr. Cabot's esteem that he ranks the gaining of it foremost among the pleasures of a nurse's life, for, as he truly said, the nurse who craves gratitude as a reward for her services will be very frequently disappointed; neither will those whose highest ambition is the amassing of wealth be satisfied, as no nurse can keep both a large bank account and her own self-respect. But for those who seek knowledge, every new case means something gained, if not always from the professional standpoint, at least in a deeper insight into life and character. This, with the faithful friendship every true-hearted nurse is sure to make, and the satisfaction which ever comes in forgetting one's self for the good of others, he considers will be the highest compensations for the many hardships of a nurse's life. The exercises were followed by the usual reception and dance.

ON the evening of May 25 the Toledo Hospital Training-School graduated a class of fifteen nurses, the largest number since its incorporation. The exercises were held in the First Congregational Church and were largely attended by the general public as well as friends and relatives of the class. The address of the evening was given by J. Kent Hamilton. He spoke very enthusiastically of the good work done at the hospital. Diplomas were presented by Mrs. S. C. Schenck, president of the Board of Managers. The "Pin of Honor," given by Mrs. J. Gould for the highest grade of class and practical work, was awarded to Miss Iva Schwab. Miss Breese and Mrs. Mears received honorable mention. Following the exercises a reception was tendered the class in the church parlors by the Board of Managers, to which their friends were invited and a very enjoyable evening was spent. On the previous Saturday evening the Board of Managers entertained the Class of 1904 at a dinner at the Spitzer. The class consists of the following young women, who have completed a very successful course and are now ready to present themselves to the public, having been carefully prepared for the work expected of them as graduate nurses: Effie Lewis, Anna Drohen, Eina Wiesel, Jennie Newell, Daisy Elliott, Margaret Boll, Emma Stetzer, Iva Norwood, Iva Schwab, Susie Elliott, Estella Clarkson, Janet Keener, Bessie Nutter, Bertha Mears, and Minnie Breese.

THE first commencement exercises of the Memorial Hospital Training-School for Nurses was held in the amphitheatre of the Medical College of Virginia on May 31, at eight-thirty P.M. Never before in its history had the college, which is the oldest in the South, such a brilliant assemblage. The exercises were opened with prayer by the Rev. Givens Strickler, after which Dr. Christopher Tompkins, dean of the college, gave an address of welcome and presented the diplomas to the following young women: Mattye Bransford Ballou, Katherine Bernadine Schepers, Georgie Erwin Wilson, Augusta Belle Meyer, Laura Estaline Black, Virginia Colston Flippo, Mary Moore Lurty, and Sarah Brown Roller. The Rev. Dr. W. E. Evans delivered a most pleasing address, speaking of the great field there was for women in all vocations and professions, but none so peculiarly

fitting as in the nursing profession. Dr. George Ben Johnston delivered the badges in his usually happy style, cautioning the nurses to be true to their Alma Mater and showing them the responsibility of being the first class to receive their diplomas from the Memorial Hospital. After the benediction the nurses' friends were invited to the "Home," which had been most artistically decorated by Mosmiller. The intermediates assisted in receiving the guests, while the juniors, assisted by the superintendent, Miss Van Vort, served refreshments. Music was furnished by Iardella's orchestra.

THE graduating exercises of the Jewish Hospital School for Nurses, Cincinnati, O., were held on Tuesday, June 7, at seven-thirty P.M. in the chapel of the Jewish Home for the Aged and Infirm. The chapel was artistically decorated with roses and trailing vines. After the opening prayer by the Rev. David Philipson, D.D., the annual report of the school was read by the principal, Miss Mary Hamer Greenwood. Dr. O. W. Stark delivered the address to the class, and Mr. D. J. Workum, president of the board, presented the diplomas and badges. The benediction was pronounced by the Rev. Louis Grossman, D.D. A reception was held immediately after the exercises, and refreshments were served on the grounds, which were everywhere softly illuminated with Chinese lanterns. The names of the graduating class were: Alice Mary Arndt, Toronto, Canada; Helen Louise Cist, Cincinnati, O.; Elizabeth Adelaide Laus, Cincinnati, O.; Constance Clarke McMechan, Port Perry, Canada; Henrietta Adele Suarez, Cleveland, O., and Grace Helen Scott, Leamington, Canada.

THE graduating exercises of the nurses' training-class of the Woman's Christian Association Hospital of Jamestown, N. Y., held on June 2, were of an exceptionally interesting character. The class was composed of Mrs. M. B. Williams, Misses Elizabeth Sharpe, Lillian E. Baskin, Ida R. Shuttleworth, Wilhelmina B. Carruthers, Florence E. Gunn, and Elice T. McCartney.

The superintendent, Miss Christine Hall, in her report referred to the courage of her nurses as follows:

"Two years ago, when the hospital was quarantine, not a nurse showed the slightest desire to shirk her full share of duty, and when one of their own number was stricken there was not a question of who was willing to care for her, but the question did arise as to who would have the opportunity—all were willing and ready. Miss Luce, our able and efficient assistant, was the one chosen in this emergency, and her answer was clear and true."

THE annual commencement exercises of the Methodist Episcopal Hospital Training-School for Nurses of Brooklyn, N. Y., was held at Grace Methodist Episcopal Church June 2. Interesting addresses were given by Dr. Frank Van Fleet and Rev. Dr. Lindsay Parker. Mrs. Adaline K. Muchmore, a member of the Class of 1893, read a paper concerning the endowment by the Training-School Alumnae of a room for sick nurses. The members of the graduating class were the Misses Jessie M. Herbert, Eugenia L. Fancher, Mildred Isabel McFarlane, Mary Jane Stutt, Louise Helen Heitman, Mary Evans Owen, Nellie R. Hamill, Anna Grace Scott, Edith Louise Burns, and Julia Charlotte Sandberg. Following the exercises a reception was tendered the nurses and their friends by the Alumnae Association.

THE graduating exercises of the Training-School of the Jewish Hospital of Philadelphia were held on Monday, May 30, at four P.M., in a tent on the hospital grounds. Addresses were made by Dr. J. Schamberg, a member of

the staff; Mr. Joseph Greenwald, chairman of the Training-School Committee, and the yearly report of the school was read by the chief nurse, Miss Louer. The diplomas and medal were awarded by the president of the association, Mr. William B. Hackenburg. The graduating class consists of the following nurses: Miss Sarah D. Poindexter, Miss Bessie Goldberg, and Miss Carrie Pollock. An informal reception was held after the exercises in the Nurses' Home, which was largely attended by the nurses' friends and older graduates of the school.

THE eleventh commencement of the Nurses' Training-School of the Western Pennsylvania Hospital was held at the hospital on June 3. Judge Joseph Buffington presented the diplomas, Dr. P. J. Eaton presented the badges, and Miss Kate Cassatt McKnight addressed the graduating class. Rev. R. W. Grange, rector of the Church of the Ascension, conducted the devotional exercises. The class consisted of the following seventeen young ladies: Sarah M. Wilson, Caroline Onslaer, Ethel A. Jickling, Bertha Anchors, Clara Maud Ruffner, Stella K. Oberhelman, Angeline McCray, Jane McClelland, Jean B. Crosser, Anna M. Shomberg, Nora Mildred Seides, Marie Fitzimons, Elna F. Smitten, Jessie Purdy, Myrtle Stutchell, Vivian O. Wheelock, and Evalyn Anderson.

THE fifth annual graduating exercises of Kings County Hospital Training-School, Brooklyn, N. Y., were held in the chapel on June 16. The exercises were of the usual interesting character and the following young ladies received diplomas: Fannie Louise Allen, Margaret Brennan, Anna Gertrude Doherty, Minnie Florence Finck, Margaret Grace Johnston, Maude Nash, Cecilia O'Brien, Sarah Marena Ripley, Lucy Denison Treadway, Harriet Mary Wakefield Warner, Mary Vianna Andrews, Mary Philemena Cavanaugh, Emma Helena Detlefsen, Margaret Irene Garvey, Irma Bertha Korn, Mary Elouise O'Connor, Marion Peacock, Nora Slattery, and Minnie Thompson.

THE graduating exercises of the Connecticut Training-School for Nurses of the New Haven Hospital were held on Wednesday, June 1, at eight o'clock P.M., in Gifford Chapel. Rev. Charles Ray Palmer and Leonard C. Sanford, M.D., addressed the members of the class. The following young ladies received diplomas: Janet MacLauren, Louise Stevenson, H. Bernice Ballentine, Eloise H. Bunnell, Jessie E. Hollister, Amy M. Ritter, Kate F. Fuller, Anna E. C. Karl, Ida M. Schmidt, Annie E. Kinnere, Lilla N. White, and Catharine A. Campbell. The exercises were followed by a reception from nine to eleven at the nurses' dormitory.

SWITZERLAND is to be the first country where young girls are to serve a term in the service of the State, as young men of other countries are compelled to serve in the army. The Swiss Government is seriously thinking of adopting a plan advocated by a female physician of Zurich, that all unmarried girls be compelled by the State to work one year in hospitals without any remuneration. She claims that not only would the hospitals be benefited, but that the girls themselves would get a training which would be of great value to them in after life.

THE thirteenth semi-annual graduating exercises of St. Mark's Hospital, New York, were held April 30. Dr. C. A. Van Ramdohr presided. The speakers were Dr. Carl Beck, Dr. J. Morvay-Rottenberg. Diplomas, badges of the hospital, and one hundred dollars were presented to each of the following graduates: Mildred Pullen, Mary Hackett, Kate Wishart, Rose Oliney, and Amada

Ritter. An informal reception was held after the exercises, which was largely attended by the friends of the nurses and older graduates of the school.

THE Long Island State Hospital held graduating exercises in the Amusement Hall June 23, at King's Park, N. Y. There was a demonstration by the class at two P.M. The graduates were Ellen Laura Bayley, Glenn Eyrie Ryther, Elizabeth Crilley Rich, Inez Zana Smith, Sara Anne Dougherty, Kathleen Marguerite Reddy, Margaret Anne Rickey, Mary E. M. Smith, Richard Henry Belford, and Alger Bruce Markwick.

AT the graduating exercises of the Children's Hospital in Boston the announcement was made that in the future the preliminary instruction of the nurses would be undertaken for a period of four months by Simmons College. This represents an advance over the present system as it at present exists and will be of interest to all persons interested in trained nursing.

THE Passaic General Hospital graduated the following nurses on June 14: Eleanor Maria O'Neill, Jennie Van Blarcom, Margaret Lock Cochran, and Nellie Kirk. The graduating exercises were held at the hospital building, followed by a small reception at the Nurses' Home.

PERSONAL

MISS M. EUGENIE HIBBARD has been appointed head of the corps of nurses stationed by the United States government along the line of the Panama Canal and sailed June 21 from New York. Miss Hibbard was formerly superintendent of the Grace Hospital Training-School for Nurses, Detroit. She was in charge of the nurses at the Jacksonville camp during the Spanish-American War and was transferred thence to Washington. During the Boer War she was at the head of the American nurses who went on the Maine to South Africa. She was later at the head of a government training-school for nurses which she established in Cuba and remained there until the United States withdrew from the island. Miss Hibbard took two nurses with her—more to follow if needed. Those wishing to engage in this work should apply to Colonel W. C. Gorgas, Chief Surgeon Isthmian Canal Commission, Panama, Panama Republic.

DURING the absence of the superintendent of Bellevue and the allied hospitals of Gouverneur, Harlem, and Fordham in New York City for an indefinite vacation because of ill-health, Miss Jane A. Delano, superintendent of the Training-Schools, was left in charge of both departments, the hospitals and nursing. This is the first time that Bellevue has ever been even temporarily in charge of a woman.

MISS MARGARET SUTHERLAND, of the Class of 1899, Toronto General Hospital, has resigned the position of night superintendent, which she has held for the last two years, and has been succeeded by Miss Bessie Dickens, of the Class of 1904. Miss Sutherland was given a reception before leaving the hospital and was presented with an address and a handsome pearl ring.

MISS E. B. BARWICK, registrar of the Johns Hopkins Nurses' Club, upon leaving for a three-months' vacation was presented with a purse of one hundred and sixty dollars by the nurses who are or have at some time been members of the Johns Hopkins Registry in grateful appreciation of her untiring energy.

MISS GRACE B. ELLIS, a graduate of the Faxon Hospital, Utica, N. Y., has been appointed superintendent of the Cooley Dickinson Hospital at Northampton, Mass. Miss Harriet Davenport, of Waterville, also a graduate of the Faxon Hospital, has accepted the position as assistant to Miss Ellis.

MISS MARGUERITE CLANCY, of the Class of 1904 of Lebanon Hospital Training-School, has accepted a position as nurse in charge of operating-room at the Woman's and Children's Hospital, Syracuse, N. Y., where Miss Mary E. MacDonald, of Bellevue Training-School, is superintendent.

MISS ADELAIDE BROOKS, City Hospital graduate, Rochester, N. Y., will assume charge of the nursing at the new hospital at Canandaigua, N. Y. Graduates are to be employed until the development of the hospital justifies the organization of a training-school.

MISS HELEN SCOTT HAY, Illinois Training-School, who for a number of years was in charge of the nursing at the great County Hospital for the Insane at Dunning, Ill., is now making her home in Pasadena, Cal., where there are a number of Illinois nurses.

MISS E. A. PARKER has resigned as assistant superintendent of the Homœopathic Hospital, Rochester, and is succeeded by Miss Helen Balcum, a member of the last class to graduate from the Course in Hospital Economics, Teachers College, New York.

MISS SHIELS has resigned as superintendent of nurses of the Methodist Hospital, Philadelphia, Pa., and sailed for Europe July 2. On her return she will hold the position of chief nurse at the Deaf and Dumb Asylum at Mount Airy, Philadelphia.

MISS LILY J. PATTE, a graduate of S. R. Smith Infirmary, Staten Island, N. Y., Class of 1901, has resigned her position as superintendent of the Barlow Sanatorium, Los Angeles, Cal. Miss Caroline Bentley, of the same class, succeeds her.

THE Log Cabin Settlement in the Kentucky Mountains is in great need of a resident nurse imbued with the true settlement idea. A salary of forty dollars per month is offered; the cost of living two dollars and fifty cents per week.

MISS M. G. FAY has resigned as superintendent of the John Sealy Hospital, Galveston, Tex., and has been succeeded by Miss M. M. Taylor. Miss Fay resigned to accept the position as superintendent of the Germantown Hospital, Pa.

MISS M. E. RORICK, graduate of the New York Hospital, of the Class of 1882, is again in charge as matron of the Belknap Summer Home for Children at Far Rockaway, with Miss Frederick, of the same school, as assistant matron.

MISS ELIZABETH ROBINSON SCOVIL has resigned her position as superintendent of the infirmary at St. Paul's School, Concord, N. H., and returns to her home in Canada. Her address is Gagetown, New Brunswick.

MISS VERNA SCARLET, of the Class of 1903, Toronto General Hospital School for Nurses, has been appointed night superintendent of the General Hospital, Brandon, N. W. T. Her duties commenced June 1.

MISS ALICE I. TWITCHELL, for many years the superintendent of Smith Infirmary, L. I., has accepted the position of supervisor at Sanford Hall, L. I., a large private hospital for nervous diseases.

MISS MILDRED GREY, of the Class of 1904, Toronto General Hospital, has been appointed head nurse at the Home for Incurables, Toronto, in place of Miss Albion, resigned.

MRS. L. W. THURMAN, principal of the Training-School of the City Hospital, Cleveland, is spending July and August with a sister at the Hotel Spaulding, Duluth, Minn.

MISS ELIZABETH MILSPAUGH resigned as principal of the Training-School of the Nichols Hospital, Battle Creek, Mich., on June 1, and is now in Evanston, Ill.

MISS M. E. P. DAVIS, for three years and a half superintendent of the Training-School and matron of the Boston Insane Hospital, has resigned, to take effect July 17.

MISS ANNIE L. FLETCHER, Massachusetts General Hospital, sailed for Germany in May, to remain four months in that country and England.

MISS ROBINA STEWART, of the Class of 1904, has been appointed operating-room nurse of the Toronto General Hospital.

MISS CARRIE ROSS, of the Class of 1900, is ill with typhoid fever in the General Hospital, Toronto.



THE TREATMENT OF OBESITY.—P. Grocco gives in the *Rivista Critica di Clinica Medica* the following rules for the treatment of obesity: He considers obesity to be the result of an excess of ingesta or of a derangement of the metabolism of the body. The clinician must first ascertain the cause of the accumulation of fat, then regulate the income and outgo so that they are equalized, and combat the morbid effects of the condition. As a general rule, the liquids taken at meals should be reduced, and liquids taken two hours after the meal. Some cases, however, do not get along well with this reduction of fluids, but gastric, intestinal, and renal symptoms ensue. In cases in which the urine is habitually concentrated and has deposits of urates or uric acid, a dry diet is not well borne. In such cases it is best to allow frequent small meals, four or five in the twenty-four hours, with liquids taken two hours after each meal. The diet is reduced until the weight of the patient falls to the desired figure, and then kept at the requisite amount to maintain a normal weight and prevent a renewed increase. There should be a great increase in muscular activity by walking, riding, cycling, sports, or gymnastics. General and local massage, when the abdomen is enlarged, is very useful. Hydrotherapeutic measures, cold and heat, are important, as well as carbonic acid gas baths. Patients should sleep very moderately, and should not do excessive mental work. Inhalations of oxygen may be used with advantage. The author does not advocate the use of purgatives, alkalies, or other drugs in reducing weight, except as the conditions of health would naturally demand them, as in case of the need of laxatives, iron in anæmic and alkalies in gouty cases.

THE GUILD OF ST. BARNABAS

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THE Hartford Branch of the Guild of St. Barnabas held its March meeting on the afternoon of Friday, the 18th day of the month, at Christ Church Parish-House, with a very good attendance. The service, beginning at three o'clock, was conducted in the chapel by the chaplain of the guild, the Rev. Dr. Hart, and the Rev. James Goodwin, one of the priests-associate and rector of the parish. The business meeting and social hour following the service were held in the rooms of the Girls' Friendly Society of Christ Church, on Church Street. There was the usual five-minutes' reading about the work being done by nurses in the mission field, work in Alaska being chosen for the subject on this occasion. The secretary read an interesting letter she had received from one of our nurses, Miss Mayes, who was on duty in the hospital in Baltimore which was burned in the recent fire. Matters of local importance and interest took up a good share of the time, and discussions lasted through the social hour, while cake and coffee were being served. Owing largely to a very busy season, the attendance at the meeting in April at Trinity Parish-House was very small, and it was decided to depart from the regular routine and spend the evening in informal discussions and social intercourse, which proved both profitable and entertaining, but much regret was felt that so few were present. On the afternoon of Wednesday, May 24, a goodly number of nurses and associates of the Hartford Branch met at the Memorial Parish-House of the Church of the Good Shepherd. The business meeting was called to order at three-fifteen. The secretary commenced proceedings by reading letters from Mrs. Howe, our general secretary, and Miss Jack, our general treasurer. Arrangements were made for our annual meeting and social gathering, which will be held on June 11 at the nurses' club-house, 90 Buckingham Street. Miss Beach read a letter received from Miss Naomi Gibbons, announcing her safe arrival in England, and expressing much appreciation for the assistance of the guild, which made it possible for her to return to her home and friends. Much business was transacted during the hour, the results of which will be reported in our next letter. At four-fifteen all adjourned to the church. At the service, conducted by the chaplain, Dr. Hart, three associates were admitted, Miss Lee, of Washington Street; Miss Mabel Johnson, of Elm Street, and Miss Mary Bulkley, of Asylum Avenue.

BOSTON.—The Boston Branch of St. Barnabas Guild held its May meeting at St. Stephen's Parish-House on the evening of Wednesday, the 25th. This was the annual business meeting, so that it was unfortunate more nurses were not able to be present. We had about thirty members. Mr. Kimball presided, our chaplain being absent on account of illness. A report from the Bee showed that we

accomplished something this winter and were able to send boxes of clothes to Miss Murray, White Rock, Utah, and to Miss Wovels at Circle City, Alaska. The beautiful ciborium given to St. Stephen's in memory of Mrs. Sprague was shown to the members, and the surplus sum on hand after its purchase we voted to send Bishop Brent for his missions, as Mrs. Sprague was especially interested in that work. The secretary of the Sick Relief Association made a very satisfactory report, stating that three hundred and six dollars had been paid out during the past year, three full benefits being included in that sum. This branch of the guild has gained thirty-five members during the year, but so many for various reasons have been obliged to drop out that we are left with an increase of only eight. The Executive Committee was reëlected, with Miss Temple and Mrs. Whiteside to fill vacancies which had occurred. The delegates for the Annual Council, which meets in Boston on October 3 and 4, were elected as follows: Associate member, Mrs. Davis; active alternate, Miss Fenno; working member, Miss Macartney; alternate, Miss Morris. After much discussion of the subject a committee was formed, with Miss Jack as chairman, to see that the guild is officially represented at the convention of the Woman's Auxiliary to the Board of Missions to be held in this city in October. Our annual festival will be held on the evening of June 11 at St. Stephen's, when we hope to meet as many of our members as possible.

ORANGE, N. J.—A fine day insured a good attendance at the meeting held on Thursday, May 26, at St. Andrew's Church, South Orange. The rector, the Rev. Charles Pardee, took "Whitsuntide: the Gifts and Fruits of the Holy Spirit," as the subject of his address. The business meeting was held in the parish room. An excellent report was given by Miss B. Drude on the working of the anti-tubercular crusade. It is proposed to employ a special nurse for the care of tubercular patients in their own homes. The various charitable institutions, as well as the public in general, are already taking their parts in aiding these cases, and the nurses now propose to raise the means to employ a nurse at a moderate rate of remuneration for a year at least. That there should be no delay in beginning this needful work, one hundred dollars was voted from the treasury. The balance will be raised by the Alumnae Association and the guild members respectively. Miss Sarah Coomber has accepted the matronship of the "Fresh Air Home" this year; the success of the undertaking is thereby greatly assured. Guild nurses will again volunteer their services for one week each during the season. A committee was appointed to nominate officers at the annual meeting. The Committee on the Pension Fund announced that they hoped a large number of nurses would take the Fall River boat going to Boston on Sunday evening, October 2, that a general discussion may take place in an informal talk before the special committees meet, that the one vital object of the scheme may be realized, and the best possible means of gaining the end may be arrived at, which is a provision for the nurse when her working days are done. Refreshments were served during the pleasant social time that followed.



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

THE INTERNATIONAL CONGRESS

[MRS. BEDFORD FENWICK'S report of the Nursing Section of the International Congress of Women in Berlin is copied in full from the *British Journal of Nursing*, and is followed by Miss Dock's official report of the meeting of the International Council of Nurses on the following day. As a matter of history these reports should be carefully studied and preserved.—Ed.]

THE NURSING SECTION.

THURSDAY morning, June 16, was the nurses' day in the congress. Nurses were present from Germany, England, Ireland, the United States of America, France, Denmark, Sweden, Italy, and other countries, and the interest was keen throughout.

The chair was taken by Frau Elsbeth Krukenberg, who presided with great dignity and charm, and who was supported on the platform by the speakers: Mrs. Bedford Fenwick, England; Miss L. L. Dock, Miss Goodrich, and Miss Maud Banfield, United States; Schwester Agnes Karll, Berlin; Signora Bice Cammeo, Italy; Madame Alphen Salvador, France, and Dr. Ellen Sandelin, Sweden; and among others who took part in the discussion, Miss Isla Stewart, England; Frau Emmy von Gordon, Frau Thusnelda Arndt, Lilli Baroness von Bistram, and Frau Oberin Becker, Germany; and Miss Mary E. Thornton, United States; also by Miss Mollett, Mrs. Alfred Booth, and others.

In the course of her opening remarks the chairman referred to the unsatisfactory condition of nursing in Germany before 1870. Until that time there were only two classes of nurses—those connected with religious orders and uneducated assistants. Thus, for a cultivated girl to become a nurse it was necessary for her to enter a community.

In 1870 the Empress Augusta instituted the Red Cross Societies. These were secular organizations which, for the first time, offered opportunities to educated women to enter the profession of nursing, primarily with the object of providing skilled nursing in time of war. In addition to the Red Cross were the Johanniter, who rendered gratuitous nursing service also in time of war and only exceptionally in time of peace. The Red Cross nurses, on the contrary, worked continuously. Thus with the establishment of the Red Cross societies the idea that nursing was only to be performed for a

heavenly reward came to an end. Nursing became recognized as a secular means of livelihood for women, but even in Red Cross organization the old ecclesiastical forms were incorporated.

Nurses entering the Red Cross Society were required to separate from their relatives and to yield unquestioning obedience. These demands made the discipline enforced very severe, and it was no wonder that educated girls hesitated to enter the profession of nursing. In early times this want of education was not so much felt, but soon doctors began to require more intelligent comprehension from their assistants. Their success or failure often depended on the efficiency of the nurse. Continuing, the speaker said: "Foreign countries have long since recognized the nurse with a diploma. In Germany there is complete arbitrariness on this point. Capacity and incapacity cannot be distinguished. What we think is required for training, Fraulein Karll, president of the German Nurses' Association, will tell us. There is a great need of educated girls to take up this work, and our doctors, I repeat, are often quite helpless when the nurse fails in her work. We want women to give themselves to this work with whole-hearted will, and with the devotion of their whole personality.

"In conclusion, let me say that we thank our foreign sisters, who are far ahead of us in this matter, for their visit to us, and for this opportunity of intercourse with them. May our common work bring blessing to those who, suffering and helpless, need the sisters' help."

The chairman then called upon Mrs. Bedford Fenwick to read the opening paper on "Nursing as a Profession for Women from an Educational, Economic, and Social Aspect."

Mrs. Fenwick said that no trained nurse could stand upon German soil without recalling that it was in this country that the foundations of the modern system of nursing were laid; it was not necessary to remind the present audience that it was in this land that Frederica Fliedner, animated by the love of her kind, and the faith which removes mountains, accomplished in her short span of life the great work the beneficence of which has extended to our own day. It was at Kaiserswerth that Elizabeth Fry and Florence Nightingale studied the principles of nursing and adapted them to the needs of our own country, which in its turn handed them on to the great American Republic; thus wherever nursing existed as a skilled profession for women the name of Frederica Fliedner must be held in honor and veneration.

As an advocate for the organization of nursing as a profession for cultured women, Mrs. Fenwick claimed that the woman who entered the training-school should possess high mental, moral, and physical qualifications, and that it was the duty of the training-school to provide its pupils with a thorough education in nursing, which, to be efficient, must comprise a scientific knowledge of the principles upon which that education was founded. It was believed by those who have carefully considered the question that nursing education in the future can only be properly systematized by an act of Parliament, which would form a Central Nursing Council empowered to define and enforce a minimum and uniform curriculum of nursing education, to appoint examiners, and to confer a recognized qualification in nursing upon those who attain to the required standard, which would maintain a public register of the nurses so qualified, and would possess the power to remove from that register the name of any nurse who had proved herself unworthy of professional trust.

Mrs. Fenwick said it appeared probable that in the future the course of nursing education would be organized in three main divisions. For example,

there would be preliminary training-schools, where the theoretical principles underlying the practice of nursing would be taught; the next and most important step in the education of a nurse would be practical instruction in hospital wards under qualified teachers for a period of three years; and, finally, to qualify women to fill administrative posts, post-graduate courses would undoubtedly be required in the art of teaching and in the superintendence of training-schools for nurses and hospitals. The cost of such a curriculum must be provided in part by the pupil, and, as the education of the trained nurse was of national importance and usefulness, assistance from the State and from the public might legitimately be expected. The speaker touched briefly on the industrial aspect of the question, and pointed out that the present lack of organization is cruelly unjust to well-trained nurses, who compete on equal terms with untrained and half-trained women, who assume their title and uniform, at maximum fees. She also said that it was significant of the importance of the trained nurse as a factor in modern civilization that her services are called for in every direction—in hospitals, infirmaries, schools, and asylums for the insane, in the homes of the rich and the poor, in the care of sailors and soldiers at home, abroad, and in India, and in every colony of the Empire; and in her plea for the better education and organization of nursing she said that events now passing before us show that the nations were awakening to the need of greater efficiency in labor of all kinds, and that the brain-power of a nation was a priceless asset and demanded all the help and encouragement that the national wealth could give it.

Miss L. L. Dock, honorary secretary of the International Council of Nurses, gave a short sketch of the rise and progress of the nursing profession in the United States of America, which, resting on a basis of special education, with practice in hospital wards, and attested by a diploma or certificate, was established in America in 1872-73. She showed that in the New York Hospital, in the latter part of the eighteenth century, lectures were given to nurses, and in the middle of the nineteenth century, after the entrance of women into medicine, isolated attempts were made for better-taught nursing services, but that this movement did not develop until Florence Nightingale—who in her turn gained her knowledge under Frau and Pastor Fliedner at Kaiserswerth—had taught English-speaking people how to establish training-schools.

In America, however, an important modification of the personal relation of the nurse to her hospital and school was introduced, the authorities in no way controlling the nurse after she had finished her hospital course and received her certificate. Neither have nurses in America ever been a source of pecuniary profit to the hospital after receiving their certificate. To this complete freedom of American nurses the speaker attributed their advance in organization. She then entered at some detail into educational problems, and the chaos and economic injustice which was threatened so long as each school was a law to itself. Consequently the whole united strength of the profession had been bent towards securing such legislation in regard to nursing as regulates other special forms of education, with the result that the State associations of nurses had succeeded in laying the foundation of a minimum standard of nursing education, fixed by State examinations, with Examining Boards of nurses, in five States, and were working to the same end in a number of others.

Madame Alphen Salvador described the foundation in Paris, five years ago, of the Professional School of Assistance to the Sick. She alluded to the admirable training of nurses in England, and the knowledge and tenderness

with which they performed their work. It was, she said, to create an honorable career for women, and to provide the sick with skilled care, that the School of Assistance to the Sick had been founded, the object of which was to extend its service not only to Paris, but to the whole of France.

Sister Agnes Karll, the president of the German Nurses' Association, in a paper on "The Future Training of the German Nurse," said that there was hardly a profession in which the personality, character, and talent of the individual were of so great importance as in the profession of nursing, because in no other was human material so continuously acted upon. She showed how in Germany the earliest attempts at nursing were under clerical direction, and that, therefore, it was only during the last few decades that the necessity for special professional training had been recognized.

Religion, as the fountain of the indispensable patience and devotion, would be for all time the strongest pillar of a profession which made such high demands upon its members, but this did not obviate the necessity for special professional training.

As the rapid development of culture generally during the last decade caused great increase in medical science, the demand grew for a school of nurses to assist the doctors. Again, the experience of the wars of the last decade, contemporary with the most important advances of surgery, made a considerable change in the conception of nursing. The necessity for the further training of nurses was soon perceived, and many eminent medical men regarded it as a honor to do their best to further the movement.

Some of the best books of instruction came out at this time. Unfortunately, the interest of the medical world in trained nursing seemed since then to have greatly declined.

After the war of 1870 excellent training began to be developed in the Mother-Houses of the Red Cross, but the need for trained nursing grew so enormously that, unfortunately, the training was impaired to meet pressing needs. As personality and natural talent are such important factors in nursing, women who appeared specially suitable were at first put to quite responsible work with little or no technical training, and were soon irresistibly forced further on.

To outsiders this lack of thorough training appeared unimportant, because in no other profession could such valuable knowledge and experience in practical work be acquired by those possessing talent and application by the assistance of medical men. Yet these nurses, deceived as to the necessary amount of training, were conscious of their deficiency in technical knowledge.

At the present time in Germany both the length of training and the methods of nursing education varied very greatly, but a movement was now on foot for the State regulation of training, and the speaker therefore insisted on the importance of a clear knowledge of the best training attainable. One point of importance which she emphasized was that, as nursing education could never be regarded as complete, post-graduate courses of instruction should be continually held, which might well be founded on the model of the German military sanitary arrangements, which provide, after the foundation training has been received, regular continuation lessons not only for the doctors, but also for the orderlies as long as they are serving with the colors. The speaker concluded by saying that it was the firm hope of German nurses that the government would take measures to lay a firm foundation upon which they

themselves could build further, until ultimately the goal of efficiency was attained.

Miss Goodrich, superintendent of the Training-School for Nurses, New York Hospital, said: "Madam president, and ladies of the congress, it is with reverent affection we return to the Fatherland, the birthplace of our profession, in this year of our Lord 1904, to place before you the records you desire of our progress and standing in the United States." The speaker then gave statistics, obtainable from the Board of Education in Washington, concerning the training-schools for nurses, and showed that, while in 1881-82 there were but sixteen such schools, these having courses not exceeding two years, and established in but few States, in 1900-01 over four hundred and thirty schools were reported, two hundred and forty-eight having a two-years' course, one hundred and thirty-five a three-years' course, and representing nearly every State from the Atlantic to the Pacific.

But, phenomenal as was this increase, it was not the greatest evidence of advance. An ever-increasing appreciation of the power of organization led first to the formation of individual *alumnæ* associations, which within a few years developed into a National Associated *Alumnæ* "to strengthen the union of nursing organizations, to elevate nursing education, to promote ethical standards in all the relations of the nursing profession." The same year that saw the formation of the National Associated *Alumnæ* witnessed the formation also of the American Society of Superintendents of Training-Schools. Through the efforts of a few of its members, as is the history of all reform movements, the necessity of preliminary theoretical instruction had been so successfully demonstrated that not only had many hospitals adopted the system, but at least three technical schools in large cities had arranged very satisfactory courses. It was due also to this association that the training of women as executives to take charge of all departments was being met by the course in hospital economics at the Teachers College of Columbia University, New York. The efforts of the association to raise educational standards, suggesting as a means better and paid instruction, shorter hours, and even tuition fees, had seen such measures adopted in thirty schools. The trend of the efforts of the *alumnæ* societies was ever to uniformity, and, in helping to attain this THE AMERICAN JOURNAL OF NURSING, a magazine established and maintained by certain representative women, and serving as the official organ of these associations, had been of inestimable value by keeping these societies, so widely separated by the vast area of territories, in harmonious and intelligent touch. The speaker then described how these two associations, whose interests are so closely allied, united to form the American Federation of Nurses, through which American nurses had become affiliated with their National Council of Women.

Such associations as these had become mighty bulwarks of the profession. It was the knowledge born of their counsels, and the strength of their union, that made their presentation of the State bills so intelligent and forceful as to carry conviction as to the nurses' ability to be their own examiners and make their own educational standards.

Miss Goodrich referred to the value of the work done by the Nurses' Settlement in New York, now recognized and employed by the Board of Health, and of their work under the School Board.

Thus from the day when Florence Nightingale, eager to master the first systematized course for nurses, betook herself to the little town of Kaiserswerth the march of progress had never ceased. To that woman of keen intellect

and rare executive ability it was but a single step from the simple ministrant to the sick to an acknowledged authority on hospital construction, organization, and administration; and those of her disciples sent to sow the seeds of this new profession in the fertile soil of a young and ambitious country were to witness a development almost as marvellous—a development which, in enlarging the sphere of woman's usefulness, called for all the highest attributes of womanhood, and which, having opened the door into the realm of science and sociology, necessitated a continual raising of educational standards.

Signorina Bice Cammeo next presented a paper on the care of the sick in Italy, and said that at present the reform of nursing had been but little taken up by Italian women. As in other Roman Catholic countries, the care of the sick in Italy was mainly in the hands of the religious orders, which did not regard their task as a professional one, requiring, like all other professions, a course of special study, but as one of the seven works of mercy. In Italy, therefore, only a few of the hospitals had a staff of lay nurses, the others being nursed by religious orders. Nevertheless, the introduction of modern principles of nursing has begun. At Rome, through the efforts of Madame Anna Celli, there has been established for three years a course of theoretical and practical instruction in nursing with the object of teaching young girls how to care for the sick. The first year two pupils entered for this course, the following year thirty-nine, and the third year thirty-three, and these girls had found that they could become nurses without loss of dignity or status. Much, however, still remained to be done. There was the opposition of the religious orders, and of the government, which possessed the confidence of the directors of hospitals. It was a sad fact that the directors of many hospitals did not yet recognize the necessity for better nursing conditions or the advantages they themselves would gain by their enforcement. However, said the speaker, the world was progressing, and of late years many reforms had been accomplished in Italian hospitals. Thus there was ground for hope that even in the direction of nursing reform the note of progress would soon be sounded.

Miss Maud Banfield, superintendent of the Polyclinic Hospital, Philadelphia, said that with regard to the condition of nursing in America she had little of value to add to what had been so well said by previous speakers. She would like, however, to lay emphasis on the fact that in all the States, with one exception, in which State registration had become law the Examining Boards were composed of nurses, and this entailed the training of examiners.

One great benefit of the public movement for the registration of nurses had been to bring home to the public how the nursing question affected them. Rich or poor, all must be ill, and all must die some day, and it was well, therefore, that the necessity for efficient nursing, and their personal interest in it, should be brought home to them.

In the States such opposition as there had been to registration had come from the correspondence schools—there was one in Pennsylvania, for instance, which professed to teach nursing in a course of theoretical lectures extending over a period of ten weeks for a fee of twenty dollars—and also from schools which gave very little instruction, and that on one subject only.

Referring to the post-graduate course at Teachers College, Miss Banfield said it was of special and increasing importance, affording, as it did, instruction to trained nurses in executive duties before they undertook the responsibility of discharging them.

Dr. Ellen Sandelin (Sweden) said that the first attempt made in Sweden

to form a nursing organization was in the year 1849, when a Society of Deaconesses was inaugurated, which established a hospital in which pupils were received for practical instruction and training in nursing duties.

From this small beginning the movement widely extended. At first only practical teaching was given, but since the year 1890 theory also had been taught. The course in theoretical instruction lasted six months, and included the underlying principles of medicine and surgery, elementary anatomy, physiology and hygiene, and also instruction in nursing.

Deaconesses severing their connection with the institution were required to send in their resignation and to state their reasons for resigning in writing. Three-months' notice was required.

Upon the Red Cross Society in Sweden (which was founded in 1860) devolved also the duty of training nurses in time of peace. The period of training was twelve months, six months being spent in Stockholm and six at Upsala. After this a six-months' service must be given as a probationary sister, either in a Red Cross or another hospital. If this was satisfactorily passed through, the sister was then required to enter the Red Cross service and to sign a contract to serve in time of war. She must then serve for two years either in a hospital or as a private nurse. Queen Sophia, the Consort of the King, who herself has suffered severe illness, in 1884 dedicated a home for nurses, to which in the following year hospital wards were added. These two institutions were subsequently enlarged, and became the stately Sophia Hospital.

On entering this institution the pupil pays one hundred crowns and promises to remain for three years. She receives theoretical and practical instruction during the first half-year at the Sophia Hospital, and afterwards in the various divisions of the Seraphinnen hospitals. After a year and a-half those pupils who have passed a good examination are accepted as probationary sisters. After another half-year's work they gain a testimonial, but for another year they are still bound by contract to the Sophia Home.

When trained, these nurses receive two hundred and fifty crowns yearly. They are bound to the Home by a contract, which is entered into after the first three years have elapsed. Sisters, probationary sisters, and pupils live in the Sophia Home for Nurses, where they receive board, lodging, and uniform. In conclusion, the speaker expressed her conviction that the adequate training of nurses was a matter of incalculable importance to medical practitioners, as the recovery of a patient frequently depended upon the careful and intelligent fulfilment of their instructions.

THE DISCUSSION.

Among those who took part in the discussion were Frau Emmy von Gordon, Miss Isla Stewart, Miss Mary E. Thornton (secretary of the Nurses' National Associated Alumnae of the United States), Lilli Baroness von Bistram, Frau Oberin Becker, Frau Thusnelda Arndt, Frau Schoman Cassel, Professor Zimmer, and Dr. Israel.

Miss Mary E. Thornton said: "Madam chairman and honorable members of the International Council of Women of the land of Kaiserswerth, in the very instructive papers so ably presented by the members from Germany, England, Italy, Sweden, France, and America we have been shown the cornerstone and capital—the past and present, with a glimpse of the future—of nursing." As a worker in the bricks and mortar of the American Federation of Nurses the speaker asked permission to explain some of the constructive work

accomplished to those who were yet busy with laying the foundations, if not actually with choosing their claim. She then briefly explained the origin and formation of the Nurses' Associated Alumnae of the United States in 1893, which, at first including a few hundred names, had steadily grown until now it included many societies, and had a membership of over five thousand; the foundation in 1900 of *THE AMERICAN JOURNAL OF NURSING*, edited for some time by nurses more than busy in their several spheres; and, finally, the formation of the American Federation in 1901, and the entry of trained nurses into various branches of sanitary and other work.

She concluded by saying: "To read all this seems simple, yet many here will know what it has cost, and how too few have been obliged to go on carrying out the work while a large majority remain inert. To those of you who have the work before you I would say, Rally round your leaders, have no isolated central figures, but close in, act as one woman, and, in the words of the old Eton song, 'row, row together.' Strive to recognize the sincere in that which is in your midst while it is yet here; pillows of immortelles are of doubtful compensation after a lifetime of misunderstanding and lack of support."

Frau Oberin Becker presented a paper in which she advocated that all girls of the better classes should receive a year's instruction in nursing, even if they did not intend to adopt nursing as a profession. In the past ten years about sixteen hundred girls had offered themselves for this year of instruction at her initiation, and she had no difficulty in placing two hundred pupils annually in the seminars, or town hospitals serving as training-schools, under the superintendence of a matron. Whether they subsequently continued the work or no, such an experience was an excellent one, and pupils often returned to state how valuable they had found it in after-life.

Frau Thusnelda Arndt expressed the opinion that the Free Sisterhood—that is, the organization of German nurses associated together outside the religious orders—was injurious, and that the earnest, hard-working nurse was in danger of degenerating professionally, physically, and morally, and, further, of injuring her health, because she desired to earn money in as short a time as possible. This was at the root of the Free Sisterhood movement. The nursing profession was not, and must not be, a business to get money by. She maintained that nurses should be women who dedicated themselves to the service of humanity from a sincere love of their kind. Only an organized sisterhood could give a nurse the standing which she needed; she could never attain it in a society founded on a pecuniary basis. The speaker said that she herself had the pleasure of holding the position of president of an organized Red Cross Sisterhood. The nurses had constant practice in hospital work, and were also educated to enjoy what was good and beautiful. Her whole effort was not only to perfect the nurses practically, but spiritually. Old-age pensions and invalid insurance were also arranged for them.

Professor Zimmer strenuously advocated the right of the Free Sisters to organize on professional lines outside religious sisterhoods, and

Dr. Israel, in an able and liberal-minded speech, said it was absurd that nurses, if they wished to do so, should not be allowed to take their own fees, and determine their own conditions of labor. He strongly supported the Free Sisterhood movement.

Frau Schoman Cassel argued that, as no instruction in nursing methods could be final, a training of six months was quite sufficient in which to learn general principles.

Miss Isla Stewart, matron of St. Bartholomew's Hospital, and president of the Matrons' Council, Great Britain, said that she thought the right of nurses to absolute freedom, after their training was complete, to take up any branch of work which they desired, and to determine the conditions under which they would work, were points which could not be too strongly insisted upon. It was because these conditions were prevalent in the United States that nurses there had gone ahead. In England also, when certificated nurses associated themselves together outside their schools, they speedily made a standard for themselves. The ultimate result of this would be the definition of a minimum standard of nursing education by State authority and the registration of those who attained it.

The members of the congress then dispersed, the general opinion expressed being that the Nursing Session had proved most interesting and instructive.

LUNCH.

At the close of the session a delightful little impromptu lunch took place at the suggestion of Fraulein Karll, the president of the German Nurses' Association. About twenty-six members sat down with Dr. Zimmer (a pastor with advanced views concerning nurses), also Frau Krukenberg, who is the widow of a doctor and much interested in the nursing organization. Four nations were represented—England, America, Germany, and Sweden; for three nurses from Sweden, inspired by what they had read in the *British Journal of Nursing*, had come to hear all about the progress of nurses in other lands.

Such meetings must necessarily help to draw us closer in the bonds of friendship, for as we get to know each other better, so we shall learn to help each other more, and what can do that so well or so naturally as these informal meetings, where there is no fear of president's bell or duty hours? After lunch several snapshots were taken by an enterprising nurse, and then those present separated to go to the many receptions arranged for their enjoyment by the hospitable people of Berlin.

PAPERS OF INTEREST TO NURSES

Other papers of considerable nursing interest in the congress were those read in the Social Section (1) by Frau Hertha v. Sprung, describing the nursing of the sick poor in Austria. The speaker showed how in some districts organization was on modern lines, while to others this term could not be applied. There is for the most part an absence of centralization, and the bureaucratic spirit of the Poor Law officials does not further its promotion.

Various religious bodies in Austria carry on important work. The Jews are especially active in Galicia and Roman Catholics throughout the Empire. Catholic orders and congregations are very important factors in the nursing of the sick, but apparently the care exhibited for the health of the sick members of the community is not extended to those who nurse them. It is said that overwork is the cause of the early death of many valuable workers. Up to the age of thirty the average death-rate of these devoted sisters is fifty per cent. Tuberculosis is the cause of no less than seventy-five per cent. of the deaths. It is appalling to learn that the average age of these nuns does not exceed thirty-six years.

Time failed the speaker to tell of all she would have liked to say on convalescent homes for children on the beautiful slopes of the Wiener Wald; of public kitchens, considered unequalled in excellence; of various grand charitable

institutions in process of erection; of asylums for the insane for one thousand and an almshouse for four thousand people, a perfect town amidst most charming scenery; of an educational institution for one thousand weak-minded children, and much more that gives good promise for the future.

(2) Frau Alice Bensheimer read a most excellent paper on the organization of the Baden women's associations for the relief of the poor, which fall into four groups:

1. The advancement of education and business capacity of women.
2. The care of children in relation to health and education.
3. The nursing of the sick.
4. Active benevolence and the nursing of the poor.

These are in touch with one another through a central organization under the presidency of the Grand Duchess. There is consequently no overlapping, and help can be afforded by one association to another in times of special stress.

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THE CLOSE OF THE CONGRESS.

The congress closed on Saturday afternoon, when the principles and objects of the Woman's Movement were ably summed up by Frau Marie Stritt, Mrs. Perkins Gilman, and Fraulein Helene Lange.

The last words were spoken by Town Councillor Münsterberg. He remarked that all the speakers had emphasized the effect that the congress had had, and would have, on women. He wished to bring forward the fact that men had been affected by it and what effect it had on them. He spoke as chairman of a department that had to work much with women and knew their value. He had been deeply affected by this universal and unusual demonstration, which had shown what women could do when they held together. They had proffered to all an enormous amount of material, and those who had been accustomed to scientific work must allow that the material had been excellently divided. The speeches had certainly not all been equally valuable, but always to the purpose and without phrases.

He had been most struck by the differentiating note between men and women that had been shown. While the man was satisfied with purely material explanations, women were animated in addition by a deeply spiritual feeling that could not fail to make an impression. One felt that the common basis of the meetings had been the desire of the women to give their whole strength for the common good of the community. They had turned to their foes, their friends, and to those who were indifferent. All three would strengthen their cause; they would fight their foes, and arouse the lukewarm. He himself had found in his public relations with women that their work was not the same as that of men, though equal in value. Love and Motherhood were the characteristic features of womanhood. But man no longer required only passive, but also aiding love from woman. To-day the wise woman who knew life was prized; she alone could educate her children. Whilst man in his efforts started from a technical point, she started from a spiritual one. The ideal goal and the highest morality, about which so much had been said here, and which should be roused in man, exists where man has the highest respect for woman. He himself was only a single fighter for this good cause, but other men would soon join to help women in the fight against evil and sin.

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THE RECEPTION AT THE RATHAUS.

As it began, so the great congress ended, in a magnificent spectacle and banquet. The Lord Mayor, or Oberbürgermeister, of Berlin, supported by his colleagues and Ministers, invited upwards of a thousand members of the congress to a reception at the Rathaus on Saturday night and there entertained them in right civic style. It was a very great occasion. The splendid Banqueting Hall, all glorious within, was resplendent with light; a fine band played a triumphant march, and the thousand guests rushed in and seated themselves at the hospitable board, a board laden with roses, and meats such as the epicure loveth. Before every seat upstood a little brown bear, about eight inches high, holding in his fore-paws a lovely rose and containing sweeties. These little bears were of heraldic significance. They appear in the arms of the City of Berlin, and presumably trace their connection with the city to the time of the Margrave Albert, the Bear, in the twelfth century, if this is not an etymological fancy of later date. At the end of supper each guest was given a box, in which to take away the little bear in memory of a great historic occasion.

The Oberbürgermeister, seated at the high table, had on his right Frau Marie Stritt, and on his left Mrs. May Wright Sewall, and on either side the chief officials of the congress. Never was a more brilliant and inspiring scene, and when he rose to speak the whole audience listened eagerly.

THE OBERBURGERMEISTER'S SPEECH.

"LADIES AND GENTLEMEN: To-day's feast has a peculiarly important meaning. For the first time these halls see women gathered in far greater numbers than men; for the first time the citizens of the capital of the German Empire give official greeting to women. How can we explain this thing? Have the citizens of Berlin failed in the past in the necessary politeness towards women? Not at all. He would be a poor citizen whose heart did not glow with young love for the woman of his choice, who did not own with heartfelt thankfulness what he owed to the woman of his home, the mother of his children, who did not keep the memory of his own dear mother as a precious jewel in his heart. But the homage that is given to-day does not spring from the sacred feeling common to all men. The woman of our day does not wish to be restricted to house and family. She will, according to the altered economic and legal circumstances, stand by the man in society and State, and take a greater share in public life. She will accept new duties and desire new rights. What vast fields she demands for her activity, and how far she plants her goal, the International Women's Congress of this week has shown us.

"I can summarize the impression of these meetings by saying that there is no field of human activity, there is no human interest, that is foreign to the woman of to-day. The movement is not yet over; many maxims that stand to-day for unchallenged truths need examination and correction, much that in theory seems easily and lightly won will be found in practice to be only gained by winding and difficult paths. But who will deny that the Woman's Movement of to-day, which presses forward with the irresistible power of an elemental force, has not a valuable, healthy, and good root, that it prefaces an important, greatly promising period in the development of the human race? That has been gladly and willingly admitted by the men of this city, and of this to-day's feast shall bear witness to the women. Therefore, in the name of the municipal authorities of this city I welcome with my whole heart the members of the International Congress of Women at the close of their session—not only the

German women, but at their side the prominent representatives of almost all civilized nations as their fellow-workers for the good of humanity in the field of public life. May all the hopes which women themselves place in their activity be fulfilled, and may this common work bear rich and good fruit. Herewith allow me, in conclusion, to express one hope: The more a man loves and honors the picture of the woman he bears in his heart, the livelier will his desire be that it shall not be destroyed or altered by features that are strange to him; the greater will be his fear that the woman may in her new sphere of work lose that which has until now made her dear to him as the greatest treasure of his house.

"May the future prove that these fears have no foundation; may women on their part still seek and find their work in the development and deepening of real womanhood; may they in their new "activity" in strife and battle, which cannot fail, never forget the word of the noble Grecian woman, which must for all time hold the deepest meaning of woman's life: 'Not to hate with you, but to love with you, am I here.' To the woman in the peaceful home we still bring our old faithful love and reverence; to the woman in public life belongs to-day our open and loud applause. *Sie lebe, hoch, hoch!*"

As may be imagined, these wise and honorable words were enthusiastically applauded, and many *hochs* resounded through the hall.

Frau Stritt and Mrs. Sewall returned thanks to the city magnates for the honor extended to the delegates and members by their reception at the Rathaus, and then the congratulations became general. Miss Susan B. Anthony, the *doyenne* of female suffrage; Mrs. Sewall, the inspirer of Internationalism; Frau Marie Stritt and Frau Helene Lange, the leaders of the Woman's Movement in Germany, each in turn received an ovation, and as the guests passed out of the splendid hall, down the marble stairs, out into the summer's night, reluctantly bidding farewell to their friends and leaders, one heard on all sides the expression of opinion that the German Women's Congress had been an astounding success, and that in our time it is improbable we shall see anything to equal it. It was strong; it was splendid; it was great; it was good. Let us treasure the memory of it with thankfulness and joy. E. G. F.

THE INTERNATIONAL COUNCIL OF NURSES

THE first quinquennial meeting of the International Council of Nurses was held in the Victoria Lyceum, Berlin, on Friday, June 17. The president, Mrs. Bedford Fenwick, presided, and among those who were present were:

From Great Britain.—Miss Isla Stewart, matron of St. Bartholomew's Hospital, representing the Matrons' Council of Great Britain and Ireland; Miss Jenkins (Sister Casualty), delegate of the League of St. Bartholomew's Hospital Nurses; Miss Mary Burr, delegate of the League of St. John's House Nurses; Miss E. C. Barton, president of the League of Chelsea Infirmary Nurses; Miss Rogers, president and delegate of the League of Leicester Infirmary Nurses; Miss Mollett, president of the Royal South Hants Nurses' League; Miss M. Breay, honorary secretary Matrons' Council; Miss Ross, matron of the Western Hospital, Fulham; Miss G. Knight, matron of the General Hospital, Nottingham; Miss M. E. Jones, matron of the General Hospital, Birmingham; Miss Newton, matron of the Eye Hospital, Wolverhampton; Miss J. A. Smith, matron of the Union Infirmary, Kingston-on-Thames; Miss A. E. Parnaby, matron of the Nurses' Association, Surbiton; Miss Richmond,

matron of the Women's Hospital, Birmingham; Miss Pell-Smith, lady superintendent of the Home Hospital, Leicester; Miss Berry, Miss Howell, Miss Curtis, superintendents Q.V.J.I.; Miss Phillips, Queen's Nurse, Surbiton; Miss Atthill, lady superintendent of the Royal Nursing Association, Derby; Miss B. Cutler, matron of the The Hospital, Much Wenlock; Miss Waind, lady superintendent, Galen House, Guildford; Miss Margaret Huxley, president of the Irish Nurses' Association; Miss L. V. Haughton, lady superintendent of Sir Patrick Dun's Hospital, Dublin; Miss A. M. Macdonnell, R.R.C., lady superintendent of the Richmond Hospital, Dublin; Mrs. Manning, matron of the Dental Hospital, Dublin; Miss Clara Lee, late matron of the Eye and Ear Infirmary, Dublin; the Lady Hermione Blackwood, Queen's Nurse; Miss E. L. Eden, Somerset County Nursing Association; Miss G. Dorran, Registered Nurses' Society; Miss E. C. McGill, Nurses' Coöperation, London; Miss Lee Smith, sister of the Royal South Hants Hospital; Miss Frances L. Smith, Royal South Hants Hospital; Miss M. C. Fair, Grangeover-Sands, and Lady Lumsden, of Belhelvie.

The United States of America.—Miss L. L. Dock, honorary secretary International Council of Nurses, delegate Bellevue Alumnae Association; Miss Annie Goodrich, superintendent of the Training-School for Nurses, New York Hospital, delegate of the American Society of Superintendents of Training-Schools for Nurses; Miss M. E. Thornton, R.N., secretary of the Nurses' Associated Alumnae; Miss Maud Banfield, superintendent of the Polyclinic Hospital, Philadelphia; Miss Augusta Merz, delegate of the German Hospital, New York; Miss K. A. Sanborn, superintendent of the Training-School, St. Vincent's Hospital, New York; Miss Charlotte Ehrlicher, superintendent of the German Hospital, New York; Miss Harriet Fulmer, superintendent of the Visiting Nurses' Association, Chicago; Miss L. McGachen, superintendent of the Ithaca City Hospital; Mrs. J. Von Wagner, Sanitary Inspector of Tenements, Yonkers; Miss Mary E. Pearson, superintendent of the Training-School, Carnagua, Cuba; Miss Ella B. Kurtz, superintendent of the Training-School, German Hospital, Brooklyn; Miss A. Haentsche, German Hospital, New York; Miss Sara E. Parsons, Training-School Alumnae, Massachusetts General Hospital, Boston; Miss Nellie Lee, delegate of the Roosevelt Hospital Alumnae, New York; Mrs. d'Arcy Stephen, Orange Training-School, New Jersey; Miss Annetta Hansen, Hahnemann Hospital, Chicago; Dr. Emma W. Moore, Boston, Mass.; Miss Bertha J. Gardner and Miss Mary B. Squire, Orange Memorial Hospital, New Jersey; Miss Gertrude E. Greenwood, Chicago Baptist Hospital; Miss Emma Rothfuss, Buffalo General Hospital; Miss Kate Baker, R.N., New Jersey; Miss Frances Munro, Somerville Hospital, Boston; Miss Elizabeth Schentzer, Maryland Union Hospital; Miss N. J. Lackland, vice-president of the Maryland State Association; Miss Louise Greenwood and Miss Mary J. Cole, delegates of the Buffalo General Hospital; Miss Kate V. McEvoy, St. Vincent's Hospital, New York; Miss Louisa T. Acker, private duty, and Dr. Worcester, of the Waltham Training-School for Nurses.

Germany.—Sister Agnes Karll, president of the German Nurses' Association, formerly matron Altstädtisches Krankenhaus, Magdeburg, and the following members of the association: Sister Lydia Edelbüttel, Sister Clara Freitag, Sister Hertha Coblenger, Sister Johanna Schneider, Sister Martha Warucke, Sister Maida Lübben, Sister Clara Weidemann, Sister Hedwig Kirstein, Sister Bertha Kiers, Sister Margot Balan, Sister Marie Stangen, Sister Emma Zeeck, Sister Eugenie von Raussendorff, Sister Hedwig Köhler, Sister Minna Jacobi, Sister Wilhelmina Schaub, Sister Louise Franke, Sister Helene Hauff,

Sister Martha Oasterlen, Sister Helene Hoffmann, Sister A. Wolff, and Frau Rittmeister Pretorius and Fraulein Möller, passive members.

France.—Madame Alphen Salvador, president of the Professional School for the Assistance of the Sick, Paris.

Canada.—Miss Emily Chilman, lady superintendent of the General Hospital, Stratford, Canada.

Denmark.—Fru Charlotte Norrie, foundation member.

Holland.—Miss Kruysse, lady superintendent of the Wilhelmina Hospital, Amsterdam.

Sweden.—Miss S. Peterson and two nursing sisters.

Mrs. Bedford Fenwick was deputed to act as the delegate of the Victorian Trained Nurses' Association, and Miss Rose Creal, matron of the Sydney Hospital, of the Australasian Trained Nurses' Association.

MORNING SESSION.

The morning session opened at ten A.M. Fraulein Agnes Karll, president of the German Nurses' Association, had brought bouquets of lovely roses and cornflowers for the president and International officers, which brightened the platform with a pleasant touch of color.

AGENDA.

The Agenda of the day's business was as follows:

1. Minutes.
2. Presidential address.
3. To receive general and financial reports.
4. To appoint scrutineers of the nomination papers for the offices of president, honorary secretary, and honorary treasurer.
5. To consider the affiliation of National Councils.
6. To consider the adoption of official organs.
7. To define the method of work for the next quinquennial period.
8. To receive reports from affiliated countries on:
 - (A) *Legislation* effected for trained nurses—
 - (a) By State registration.
 - (b) Under government departments in the army and navy.
 - (B) *Education.*
To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.
9. Other business.

The president said that before the opening of the session Fraulein Agnes Karll, president of the German Nurses' Association, would like to say a few words to the nurses who had come from other countries to Berlin.

Fraulein Karll said it was a very great pleasure to her to welcome, in the name of the German nurses, their visitors from other countries. Nursing in Germany had been in the hands of religious orders for four hundred or five hundred years, and the founders and members of the German Nurses' Association had had a hard struggle to inaugurate the society. It was like sunshine to her when she first received letters from Mrs. Bedford Fenwick and Miss Dock telling her that the International Council of Nurses would hold its meeting in Berlin. It was a great pleasure to meet the nurses from other nations, and she felt sure that the International Council of Nurses would be a great help to German nurses.

MINUTES.

The president then called upon the honorary secretary to read the minutes of the last meeting.

Miss Dock said that the minutes were very lengthy, and that, with the permission of the meeting (which was granted), she would read a short synopsis of them. This was as follows:

At the meeting of the International Congress of Women in London in June, 1899, a section on trained nursing had been arranged at the suggestion of Mrs. Bedford Fenwick, who was the convener of the Professional Section.

The Nursing Section elicited much interest, and was well attended by English nurses, among whom were many who are now members of the council. The meetings were presided over by Mrs. Sewall and Lady Aberdeen. There were present also Mrs. Grace Neill, who is Assistant Inspector of Hospitals in New Zealand; Miss M. H. Watkins, one of the first nurses to be registered in South Africa; Fru Norrie, of Denmark, who had given time and labor to nursing organizations in Denmark, and several nurses from the United States.

The interest aroused by the Nursing Section was such that Mrs. Fenwick suggested the formation of an International Council, to meet every five years at the times of the Congresses of Women. The idea was cordially received by all, and those who had taken part in the sessions formed themselves into a Provisional Committee to arrange the details of organization.

Several meetings of an informal character were held, the most important one of which was at St. Bartholomew's, at the house of the matron, Miss Stewart, where the British members were authorized to draw up a draft constitution.

This duty was accepted, and in due time the constitution was circulated among the members and was adopted. Its main features were that it provided for membership to consist of national organizations, whenever there were enough such bodies to unite together, and, for the time being, of the individuals who had founded it, and who were placed upon the council or governing board, and for honorary vice-presidents in countries unorganized.

Mrs. Bedford Fenwick, of England, was elected president; Miss Snively, of Canada, treasurer, and Miss Dock, of the United States, secretary. As there was only one country—viz., the United States—sufficiently well organized to be ready for membership, the individual members have carried on the council until to-day, in the meantime doing all they could to stimulate organization in other countries.

In 1901 there was a World's Fair held in Buffalo, U.S.A., and the council, thinking this would be a good opportunity for bringing nurses together, arranged to hold a meeting at that time and place in order to celebrate the twentieth century, and suggested a Congress of Nurses at the same time. As the American nurses were all intending to hold meetings at that time, the proposal was warmly taken up, and in due time the congress was held, and the International Council of Nurses held a special meeting at which reports were received from eight countries showing the condition of nursing and of nursing education. These reports were published with the transactions of the congress, and some reprints were made, of which several are here to-day.

Some additions were made to membership, which, at the present day, consists of the following names:

COUNCILLORS.

President:

Mrs. Bedford Fenwick, founder of the International Council of Nurses; late matron and superintendent of nursing of St. Bartholomew's Hospital, London. Honorary associate of the Order of St. John of Jerusalem, and holder of the Distinguished Order of the Greek Red Cross.

Honorary Secretary:

Miss L. L. Dock, late honorary secretary of the American Society of Superintendents of Training-Schools for Nurses.

Honorary Treasurer:

Miss M. Agnes Snively, lady superintendent of the General Hospital, Toronto.

GREAT BRITAIN AND IRELAND.

Miss Isla Stewart, matron and superintendent of nursing, St. Bartholomew's Hospital, London; president of the Matrons' Council of Great Britain and Ireland.

Miss M. Breay, late matron of the Metropolitan Hospital, London, and of the English Hospital, Zanzibar; honorary secretary of the Matrons' Council of Great Britain and Ireland.

Miss Cureton, late lady superintendent of the Addenbrooke's Hospital, Cambridge.

Miss G. Knight, lady superintendent of the General Hospital, Nottingham.

Miss M. Mollett, matron of the Royal South Hants and Southampton Hospital, Southampton.

Miss M. Huxley, late lady superintendent of the Sir Patrick Dun's Hospital, Dublin.

Miss L. Bradshaw, lady superintendent of Donnybrook Hospital, Dublin.

UNITED STATES OF AMERICA.

Miss M. A. Nutting, superintendent of nurses and principal of the Training-School for Nurses, Johns Hopkins Hospital, Baltimore.

Miss Brennan, superintendent of the Nurse-Training School, Memorial Hospital, Richmond, Va.

Mrs. Quintard, late superintendent of the Nurse-Training School, General Hospital, Puerto Principe, Cuba.

Miss Lucy Walker, superintendent of the Nurse-Training School, Pennsylvania Hospital, Philadelphia.

Miss Hanna Kindbom, late professor of nursing in the University of Texas.

Miss I. Merritt, superintendent of the Nurse-Training School, The Hospital, Brooklyn.

Miss Maud Banfield, superintendent of the Polyclinic Hospital, Philadelphia.

Miss Dolliver, superintendent of nurses of the Massachusetts General Hospital, Boston.

Miss Drown, superintendent of nurses of the Boston City Hospital, Boston.

Miss Palmer, editor-in-chief of *THE AMERICAN JOURNAL OF NURSING*, Rochester.

Miss Nevins, superintendent of nurses, Garfield Hospital, Washington.

Miss McMillan, superintendent of nurses, Presbyterian Hospital, Chicago.

Miss Maxwell, superintendent of nurses, Presbyterian Hospital, New York.

Miss McIsaac, superintendent of nurses, Illinois Training-School, Chicago.

THE DOMINION OF CANADA.

Miss Murray, late lady superintendent of the Royal Victoria Hospital, Montreal.

THE COMMONWEALTH OF AUSTRALIA.

Miss S. B. McGahey, late lady superintendent of the Prince Alfred Hospital, Sydney.

Miss M. D. Farquharson, lady superintendent of Bendigo Hospital, Victoria.

NEW ZEALAND.

Mrs. Grace Neill, Assistant Inspector of Hospitals, N. Z.

DENMARK.

Fru Charlotte Norrie, corresponding secretary of the Danish National Council of Women.

HONORARY VICE-PRESIDENTS.

Appointed under Article II.

EUROPE.

Great Britain and Ireland: Miss Isla Stewart, matron of St. Bartholomew's Hospital, London; Miss E. C. Sandford, late lady superintendent of the City Hospital, Edinburgh.

Germany: Fraulein Hedwig von Schlichting, late lady superintendent of the General Hospital, Hamburg.

Holland: Mej L. Kruysse, lady superintendent of the Wilhelmina Hospital, Amsterdam.

Italy: Miss Amy Turton, directress of the Casa di Cura, Florence.

ASIA.

India: Miss C. R. Mill, lady superintendent of the European Hospital, Bombay.

AMERICA.

Canada: Miss M. A. Snively, lady superintendent of the General Hospital, Toronto.

AUSTRALASIA.

Federated Australia: Miss S. B. McGahey, late lady superintendent of the Prince Alfred Hospital, Sydney.

Tasmania: Miss Milne, lady superintendent of the Hospital, Launceston.

Now, at this quinquennial period the council stands ready to receive national organizations of nurses into membership, as the constitution provides, and we hope that in five years from now the International Council will be composed of the national associations of many countries.

It was proposed by Miss Stewart, seconded by Miss Mollett, and carried, that the report be adopted and placed on the minutes.

The minutes of the last meeting were then taken as read and confirmed.

The president then said:

We have come here to-day to hold the first quinquennial business meeting of the International Council of Nurses. Since the council was tentatively founded in 1899 it has been working on an individual basis, and its members have been striving to forward its objects—the promotion of greater unity of thought, sympathy, and purpose, of international communication between nurses, and of international conference. The ideal of the council, however, as Miss Dock has shown, is that admission to membership shall be through national organizations, and it is satisfactory to be able to report that three countries have now national associations organized and eligible for affiliation with the International Council of Nurses—the United States, through the American Federation of Nurses; England, through the Provisional Committee recently formed of delegates of leagues and self-governing nursing societies; and Germany, through the German Nurses' Association.

This afternoon the meeting will take the form of a conference, when we shall receive reports from affiliated countries on (a) Legislation, and (b) Education; in the second section we have a paper by Miss Nutting, superintendent of the Nursing School of the Johns Hopkins Hospital, Baltimore. This paper gives the result of the practical application of the system advocated, while those from other countries are suggestive. I therefore propose that we take Miss Nutting's paper as the text of the discussion on this question before putting a resolution to the meeting.

THE PRESIDENT'S ADDRESS.

COURAGE.

Mrs. Fenwick said: I do not propose to give a long address this morning, as we have a great deal of business before us, but I should like to say a few words on the beautiful virtue of Courage, and I will take as my text the motto engraved on the signet ring of the Sultan Akbar:

“None ever lost himself along a straight road.”

If we walk along a straight road towards a definite object we are certain to attain our goal eventually, if we do not allow ourselves to be diverted into the pleasant by-ways which are so much easier to traverse than the hard, dusty main road. But to do this it is necessary to withstand many temptations to the right hand and the left, to pursue a difficult, and often solitary, course towards the object to be attained.

To quote the great Emerson:

"It is only as a man puts off all foreign support and stands alone that I see him to be strong and prevail. . . . Ask nothing of men, and in the endless mutation, thou alone, firm column, must presently appear the upholder of all that surrounds thee. He who knows that power is inborn, that he is weak because he has looked for good out of him and elsewhere, and, so perceiving, throws himself unhesitatingly on his thought, instantly rights himself, stands in the erect position, commands his limbs, works miracles, just as a man who stands on his feet is stronger than a man who stands on his head.

"So use all that is called Fortune. Most men gamble with her, and gain all or lose all as her wheel rolls. But do thou leave as unlawful these winnings, and deal with Cause and Effect, the chancellors of God. In the will work and acquire, and thou hast chained the wheel of Chance and shall sit hereafter out of fear of her rotations. A political victory, a rise of rentes, the recovery of your sick, or the return of your absent friend, or some other favorable event, raises your spirits, and you think good days are preparing for you. Do not believe it. Nothing can bring you peace but yourself. Nothing can bring you peace but the triumph of principles."

Now, Emerson wrote so many wise and lovely things that one might quote him all day long, but it is this principle of standing alone which I wish to emphasize, because it is just this that many people find so difficult.

To accomplish anything we shall find that we must stand alone, alone from beginning to end. We must be all in all, not to ourselves, but for ourselves.

The majority of people resent individuality; their vanity objects to any deviation from the convention. They object to progress because they lack vitality, and in competition are surpassed.

It is a saying of Miss Mollett's that "all progress is strife to the end," and many women, delicately nurtured, and of a sensitive temperament, object to strife, and leave it to the physically stronger sex; they are disinclined to hurl themselves into contentious work, which is therefore left to the few who take their courage in both hands and dare to stand alone.

Moral Courage, which is certainly its highest form, is a virtue of which women have displayed their full share; but I am not inclined to attribute this entirely to a love of truth, but partly to their ignorance of the results which follow its display, and of the unhappiness and persecution to which reformers in all ages have been subjected.

Looking back over the last twenty years, I am not quite sure whether, if I had been better able to gauge the results of my actions, I should not have hesitated, before entering on the campaign of nursing reform, of subjecting myself to intimidation, insult, and persecution. I hope it would have made no difference, but I cannot be sure.

It is a very inspiring thought to those engaged in the work of nursing organization to remember that the whole work of nursing reform has been the work of women. Those of us who can look back for a quarter of a century remember the nursing in our hospitals in a very different condition from that which obtains at present. It was not until cultured women with a high sense of duty and possessed of exceptional courage entered hospital wards, that, in the face of enormous obstacles, method, order, and refinement were introduced, and the atmosphere purified physically and morally.

At the last meeting of this council I said a few words on the subject of WORK, and I must confess myself to-day perfectly satisfied with the result of the labors of the members all over the world since that occasion. They have done well. I give you for our watchword for the next quinquennial period that of Courage, and I have not the slightest doubt that, bearing it in mind, we shall be able to accomplish all that our hearts desire.

Maybe we shall not be called upon to endure in the future as we have been in the past. Indeed, I am inclined to believe that nurses have won their battle, the right to think and judge for themselves, to help and govern themselves.

Let us, then, as professional nurses, stand before the world banded together for the benefit of humanity to perform work for the community, not only palliative but preventive—in short, let us try to leave the world in some slight degree better than we found it. Until our next meeting—COURAGE.

GENERAL REPORT.

The general report, presented by the honorary secretary, Miss L. L. Dock, was as follows:

Since the meeting of the officers of the International Council of Nurses, held at Buffalo, U.S.A., in September, 1901, the president has been in constant communication with the honorary officers and honorary vice-presidents of the council.

In Great Britain.—Miss Isla Stewart, honorary vice-president, has done much to encourage coöperation among trained nurses by the active part she has taken as president of the Matrons' Council of Great Britain and Ireland and of the League of St. Bartholomew's Hospital Nurses, and it is gratifying to report that the matrons of several important training-schools have stimulated the desire for coöperation among the nursing staffs, and taken the initiative in helping them to form leagues for professional and social intercourse. Miss Stewart is in favor of strengthening the bonds of union among certificated nurses by affiliation between the leagues, which would bring the nurses of the various schools into touch by coöperation, and thus upon a wide and liberal basis, founded on the graduate vote, enable nurses to meet and discuss, in a helpful manner, their professional and social affairs, out of which coöperation it is hoped that a National Council of Nurses for the United Kingdom may in time be evolved on thoroughly representative lines—Scotland and Ireland forming branch or national councils if so inclined.

With this end in view Miss Stewart recently called a conference in London of delegates from the self-governing leagues and societies. The meeting unanimously resolved that it was desirable that national councils of nurses be formed, and recommended the formation of a Provisional Committee of delegates from the societies represented at the meeting with a view to affiliation with the International Council of Nurses, the formation of a national council to be considered when the number represented by delegation amounted to five thousand.

In Scotland and Ireland.—In Scotland coöperation among nurses is practically non-existent, but an influential committee has recently been formed, upon which several prominent nurses have seats, with the object of promoting State registration of nurses. No doubt by this means nurses will be educated as to their professional interests and duties, and will learn to appreciate the benefits of coöperation.

In Ireland the matrons of the leading hospitals and nursing institutions have, during the past year, initiated the Irish Nurses' Association, of which several hundreds of certificated sisters and nurses have already become members.

In the United States of America.—In the United States of America the nursing profession is effectively organized on coöperative lines, and two great national societies of nurses—the American Society of Superintendents of Training-Schools for Nurses, and the Nurses' Associated Alumnæ of the United States (that is a society of affiliated leagues)—have come together by delegation and

formed the American Federation of Nurses (in effect a national council of nurses), which is ready and willing to affiliate with the National Councils of Nurses of other countries when formed, and thus to compose the International Council of Nurses, as provided for in its existing constitution.

As the result of the solidarity of the nursing profession in the United States, and the respect which it engenders in the public mind, State registration of nurses has been effected in five States of the Union.

In Australasia effective coöperation exists in New South Wales and Victoria among trained nurses through association in the Australasian Trained Nurses' Society, the Victorian Trained Nurses' Association, the Prince Alfred Hospital Trained Nurses' Reunion, and the recently-formed Australasian Matrons' Council—in the building up of which societies Miss S. B. McGahey, honorary vice-president, and Miss M. D. Farquharson, councillor, have worked untiringly.

In New Zealand.—The profession of nursing has been put on a legal basis in New Zealand by act of Parliament, a bill for the registration of trained nurses having been passed in 1901, by which a minimum standard of education and qualification in nursing has been defined. Mrs. Grace Neill, councillor, to whose efforts legislation was largely due, has been appointed Deputy Registrar for the Colony, and is of opinion that the system of registration by the State has already proved of great benefit to the community.

In Canada.—The growth of coöperation among nurses is slow, but is proceeding on alumnæ lines. Owing to its geographical position it has participated in much of the progress effected by Canadian women trained and holding high professional positions in the United States. Canadian matrons coöperate with their American colleagues, and together form the American Society of Superintendents of Training-Schools, and the courtesy of social amenity is constantly exchanged between leagues of Canadian and American nurses.

The honorary treasurer, Miss Agnes Snively, lady superintendent of the General Hospital, Toronto, is in warm sympathy with all that tends to create a deeper sense of professional responsibility among trained nurses, and is doing good work in encouraging coöperation among Canadian nurses.

In the Province of Ontario the Ontarian Graduate Nurses' Association has recently been formed, which is working in the interests of legislation for nurses. Doubtless other Provinces will follow.

In Holland.—Miss L. Kruijsse, honorary vice-president, takes a leading part in coöperative movements. A Matrons' Council is now formed in Holland, consisting of some forty members, which meets in friendly conclave; there are two associations of nurses, and great progress is being made in the professional and social well-being of Dutch nurses.

In Germany.—There has been formed the German Nurses' Association, of which Fraulein Agnes Karll is president, and this little band of courageous women will, no doubt, with time and determination effect the liberation of trained nurses in Germany from conditions of labor which are incompatible with the spirit of an age which demands responsibility for personal action.

A school for hospital matrons in Germany has been organized by the sisters of the Bavarian Association of the Red Cross at Munich, of which Sister Clementine von Wallmenich is head, and it has been entrusted with training matrons for all the German Red Cross Homes; its constitution is wonderfully complete.

In India.—Miss Charlotte Richmond Mill, lady superintendent of St. George's Hospital, Bombay, has accepted the invitation to act as honorary vice-president for India. Miss Mill held in this country the position of assistant matron at the Lewisham Infirmary, and had experience in India as a sister in the Plague Nursing Service.

In South Africa.—In South Africa we have now an honorary vice-president, Miss J. C. Child, lady superintendent of the New Somerset Hospital, Cape Town. Nurses both in Cape Colony and Natal are registered under the respective Medical Councils, but so far nurses themselves take no part in the examination of candidates for a nursing diploma. It would be advantageous if a conjoint board of medical men and nurses were appointed to conduct the nursing examinations. Owing to the unquiet condition of the country in recent years internal progress has been difficult, but the outlook for the future is hopeful.

CONSULTATION OF HONORARY OFFICERS.

In August, 1903, the president and honorary secretary met in conference in Amsterdam in reference to the necessary arrangements for the forthcoming meeting of the Grand Council at Berlin in June, 1904.

Subsequently the Organizing Committee of the quinquennial meeting, consisting of the British members of the International Council of Nurses, which was held in London on October 22, suggested the following ladies for nomination for election to the positions of honorary officers for the ensuing quinquennial period:

President.

Miss Susan B. McGahey, graduate London Hospital Training-School for Nurses, London; honorary vice-president for Federated Australia; lady superintendent of Prince Alfred Hospital, Sydney; president of the Prince Alfred Hospital Trained Nurses' Reunion; late honorary secretary Australasian Trained Nurses' Association, and its delegate to the International Council of Nurses and Congress, Buffalo, U.S.A., 1901; honorary member Matrons' Council of Great Britain and Ireland; member Australasian Matrons' Council.

Honorary Secretary.

Miss L. L. Dock, the present honorary secretary, has consented to stand for reëlection.

Honorary Treasurer.

Miss Margaret Breay, honorary secretary of the Matrons' Council of Great Britain and Ireland, late matron of the Metropolitan Hospital, London, and matron of the English Hospital, Zanzibar; assistant editor *British Journal of Nursing*, graduate St. Bartholomew's Hospital, London.

It was also arranged by the Organizing Committee that reports, for presentation to the quinquennial meeting, should be invited from experts in the various countries on:

1. *Legislation* effected for trained nurses—
 - (a) By State registration;
 - (b) Under government departments in the army and navy.
2. *Education.*

To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.

In the absence of Miss Snively, the honorary treasurer, the president called upon Miss Breay to read the

FINANCIAL REPORT.

This showed a balance in hand on January 1, 1901, of fourteen dollars and eighteen cents, and of donations received by the treasurer since that time of fourteen dollars and seventy-five cents. The balance in the Treasurer's hands on May 14, 1904, was eighteen dollars and forty-two cents.

Miss Breay also reported that since the formation of the Council eighteen pounds and ten shillings had been received for the expenses of the council in Great Britain, mainly the gift of an anonymous friend.

The adoption of the reports was proposed by Miss Mollett, seconded by Miss Burr.

Miss Mollett further proposed that the thanks of the council be accorded to the honorary officers for their economical management, and Miss Burr proposed that its thanks be also conveyed to the anonymous friend who had so generously subscribed to the funds in Great Britain. Both these propositions were carried by acclamation. The general and financial reports were then adopted.

The following ladies were then appointed scrutineers to examine the voting papers which had been sent in for the election of honorary officers for the ensuing quinquennial period:

Miss Isla Stewart.

Miss Margaret Huxley.

Miss M. E. Thornton.

AFFILIATION OF NATIONAL COUNCILS.

The president explained that in drafting its constitution the International Council of Nurses had followed the organization of the International Council of Women, the principle adopted being that the International Council should be composed of national councils represented in the International by duly appointed delegates, and that national councils, in their turn, should be composed of delegates from self-governing nursing associations—that is to say, associations of nurses in which the nurses who composed them had the power of the vote.

In the United States the organization of a national council was complete. There the graduates of the various schools formed themselves into *alumnæ* associations, which were united in the National Associated *Alumnæ*, and later, by conjoint delegation with the American Society of Superintendents of Training-Schools, formed the American Federation of Nurses, which, again, was affiliated to the National Council of Women.

America was a great place for organization, due no doubt to the fact that Americans legislated for their own times, and left those who came after them to manage their own affairs.

In Great Britain there were three strong national elements—English, Scotch, and Irish—which were not always blended in a perfect manner. Each had national characteristics, and it was a matter for consideration whether Great Britain and Ireland should have one National Council, or whether each country should organize separately.

In the largest society of nurses in Great Britain, the Queen Victoria's Jubilee Institute, it had been found expedient for each country to have its own branch, and it seemed probable that it would be best for the National Council of Nurses to adopt this method. Ireland had its Irish Nurses' Association, which could act as a national council. It was a young society, but not quite so young as it appeared, as it was a wider development of the former Nurses' Club. The Scotch were sturdy but slow, and must be given time. In England a tumultuous upheaval was still seething. English nurses were divided into two parties, the Reactionaries and the Progressives, and neither had much use for the other. At a conference of progressives recently called by Miss Isla Stewart, honorary vice-president for England, a Provisional Committee of forty-two nurses, representing seven self-governing societies, was formed to act as the intermediary between that country and the International Council until such time as the nurses represented numbered five thousand, when the full constitution of a national council would be considered. It spoke well for the enthusiasm of the forty-two delegates forming the Provisional Committee that fifteen out of that number were present at this meeting.

In Germany, as Fraulein Karll had explained, the German Nurses' Association had been formed by nurses called the "Free Sisters," because after their training is over they claim the right to a self-governing life. Thus their organization is like that of English and American nurses. Everyone realized the good work done by the religious orders, but that was no reason why the Free Sisters should not organize on lines which seemed good to them. They had a right to an individual and professional life uncontrolled by religious communities.

There was at present very little organization of nurses except in the three

countries she had mentioned, but if they were prepared to affiliate, and so form the International Council of Nurses on a corporate instead of an individual basis, the number of nurses represented would be upward of eight thousand, quite a sufficient number to form a solid foundation of a council organized on representative lines.

The only persons who had a right to vote on this question were the foundation members and the honorary vice-presidents. She would now like to ask the representatives of the countries concerned their feeling on the matter; perhaps Miss Thornton, the delegate of the National Associated Alumnae of the United States, would tell the meeting the feeling of American nurses on the question.

Miss Thornton said she thought there was not much room for argument on the question. The American Federation of Nurses was quite willing to come into the council. She thought there was nothing to be done but to get into international relations.

Miss Dock here suggested that there were delegates of alumnae associations in the room who would like to say something. She added, "Don't take a three thousand miles trip across the Atlantic to get to this meeting and then sit silent."

Miss Ehrlicher, New York; Miss Fulmer, Chicago, and the delegates of the Jersey City Association and of the Buffalo General Alumnae Association having spoken in warm support of international affiliation,

Miss Isla Stewart said that, having worked hard in the cause of nursing organization for seventeen years, it was with great pleasure that she recently took the chair at the meeting of Associated Leagues to which Mrs. Fenwick had referred. She had to report that they were not only ready to enter into international relations, but eager and enthusiastic in regard to the question.

Miss Rogers (Leicester) said she was not at the meeting, but the Leicester League was eager to come in.

Miss Pell-Smith (Leicester) thought there were no two sides to the question.

The nurses of the world must cease to be isolated and become international. The lesson of the week had been the great help and encouragement afforded by international coöperation. She trusted the outcome of the present meeting would be strong international union.

Miss Burr (St. John's House) said she was heart and soul in support of the proposition. She hoped the International Council of Nurses would eventually embrace every nation in the world.

Miss Huxley (Dublin) said that she could not speak officially for the Irish Nurses' Association. She was unable to say it would join, but she felt sure it would consider the question of international affiliation with interest.

Fraulein Karll (Germany) said that the committee of the German Nurses' Association had authorized her to say it was ready to join the International Council of Nurses.

Miss Kruysse (Holland) said that country had at present no real central organization.

Madame Salvador (Paris) said that a commencement was now being made to found a proper nursing school in Paris. The training was for two years, and then the pupils signed on for another three years to work in connection with the school. At present there was no association of French nurses.

It was then proposed by Miss Isla Stewart, seconded by Miss Dock, and carried unanimously:

"That invitations be officially sent to the Federation of American Nurses, the Provisional Committee of the National Council of Nurses of England, and the German Nurses' Association, inviting them to affiliate with the International Council of Nurses."

THE ADOPTION OF OFFICIAL ORGANS.

The president said that it was necessary the council should have an official organ in each country where a national council was formed, in order that international news might be communicated to the members with the least waste of energy. She proposed that the council should adopt an official organ in each of the countries which expressed its willingness to enter into international relations.

There were two journals which stood, and had always stood, for coöperation among nurses—the *British Journal of Nursing*, a weekly journal which had been edited by nurses for the last eleven years, and THE AMERICAN JOURNAL OF NURSING, a monthly journal, also edited by nurses.

The German nurses had as yet no journal of their own. She suggested, therefore, that official information should be sent to Fraulein Karll, to place where she thought well, until the German Nurses' Association had its own organ.

It was proposed by Miss Burr and seconded by Miss Cutler that the *British Journal of Nursing* be adopted as the official organ of the International Council of Nurses in Great Britain.

It was proposed by Miss Sanborn, and seconded by Miss Ehrlicher, that THE AMERICAN JOURNAL OF NURSING should be the official organ in the United States of America.

Fraulein Karll explained the position to the German nurses present.

It was then put to the meeting and carried unanimously "That the *British Journal of Nursing* and THE AMERICAN JOURNAL OF NURSING be adopted as the official organs of the International Council of Nurses, and that all official information be sent by the secretary to Fraulein Karll."

THE APPOINTMENT OF OFFICERS.

The president then announced that the scrutineers reported the election of the following honorary officers for the next quinquennial period:

President, Miss S. B. McGahey, Australasia.

Honorary secretary, Miss L. L. Dock, United States of America.

Honorary treasurer, Miss Margaret Breay, Great Britain and Ireland.

She said that the council was much to be congratulated on the officers returned.

Miss McGahey, until recently the matron of the Royal Prince Alfred Hospital, Sydney, did not now hold an official position. There was sometimes a feeling that when a woman relinquished her official position she was no longer a nurse. But when we looked back over the work Miss McGahey had done for nursing in Australasia we should see that it was continuous and progressive for the benefit of nurses and the profession. Much would depend on her in the International Council, and we must ask her to use the best of her energies to bring the Australasian nurses into international sympathy and relations with other nations.

Miss Dock was well known to those present. She was so cosmopolitan that we felt she belonged to us all, and it would be impossible to have a more acceptable honorary secretary.

Miss Margaret Breay's experience would be invaluable to the council. No woman in England had done more for the organization of nursing than Miss Breay—quiet, unobtrusive, untiring work, which was producing great results.

Miss Dock said that, according to the constitution, a president who retired at the close of a full term of office became an honorary president with a seat on the Executive Committee and Grand Council for life. She moved that Mrs. Fenwick be accordingly appointed to this position. She moved that the honorary president receive the grateful thanks of the council. She moved that Mrs. Fenwick do all the work on this side.

In seconding, Miss Stewart said no one knew what Mrs. Fenwick's work had been as she did. She must own that during the last seventeen years she should many times have fainted by the way if it had not been for her. No one was better qualified to speak on courage than Mrs. Fenwick. She had the courage of conviction, the courage of a fighter, the courage of patience. If Miss Breay had done more than any other woman for nursing organization in England, Mrs. Fenwick had done more than any other woman in the world.

Miss Huxley said she thought it a very great loss to the council that Mrs. Fenwick did not continue in office as president. The members knew her, her work, and her courage. Only a few weeks ago she had visited Ireland, and she was recognized by Irish nurses as one who had their true interests at heart. She hoped that five years hence Mrs. Fenwick would again accept office as president.

Mrs. Fenwick said that, to be quite frank, she had the welfare of the council at heart when the provision that retiring presidents should become honorary presidents with a vote on the Executive Committee and Grand Council for life was incorporated in the constitution. History had shown that in the early days of organization complete disruption every five years was injurious. At the same time, it was a great mistake to imagine that only one person was capable of holding a particular office; she objected to the monopoly of office—it was contrary to the principles of internationalism. In her opinion there should be a fresh president for each quinquennial period. In thanking Miss Stewart and Miss Huxley most heartily for their appreciative words, she begged to say that in her capacity of honorary president she hoped still to put her finger into every international nursing pie.

THE NEXT QUINQUENNIAL PERIOD.

Mrs. Fenwick then said that the council would be glad to receive suggestions, if anyone present desired to offer them, as to the method of work for the next quinquennial period. The last five years had been occupied in quiet organization work. In the large majority of countries nurses did not yet understand the principles of coöperation and internationalism, and the work of the council was to educate the graduate in every country in her duty towards her nurse neighbor. The world was a very small place. By international communication we learnt that our own little hospital did not constitute the nursing world, nor even our own league or national association. Science compelled us to realize that internationalism was inevitable in the future, that units counted for very little, their relative value in the sphere of creation being infinitesimal.

Miss Mollett said it was important to remember that the International Council was formed of national councils, which, in their turn, were composed of associations of graduate nurses, or training-school leagues. Therefore, all who had the interests of the council at heart should bend their energies towards

stimulating the formation of additional leagues, so that national councils might have the whole body of nurses in each country behind them.

Mrs. Fenwick said that at present we had in Great Britain a Provisional Committee, not a fully-organized national council. This committee was formed of delegates from seven self-governing leagues and societies, and represented about two thousand nurses, and it was the desire of all those who composed the committee that others should come in and increase its influence. A national council would not be formed until five thousand nurses were represented.

The growth of a national council in Great Britain would probably be slow, but it would be better to begin with a Provisional Committee representing two thousand members animated by a progressive spirit than a large council not inspired by the spirit of unity.

Miss Dock reminded those present of the power of the press, and asked all connected with nursing journals to repeat in them international ideas and principles and to disseminate information as to the objects of the International Council of Nurses.

This concluded the business of the morning session, and the meeting then adjourned till two o'clock. The nurses present took luncheon together in a garden near at hand, the arrangements having kindly been made by Fraulein Karll.

LAVINIA L. DOCK,
Honorary Secretary.

(To be continued.)

STATE MEETINGS

NEW YORK STATE.—Another initial step has been taken in connection with the registration of nurses in the State of New York. This step relates to the third item under the waiver, which reads thus: "The State of New York shall also grant a certificate to any nurse of good moral character who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act (April 27, 1903) who shall satisfactorily pass an examination in practical nursing within three years hereafter." In accordance with this provision of the law the examiners met the applicants at the four appointed stations, Buffalo, Syracuse, Albany, and New York, on June 21, at eight-thirty A. M.

The morning examination consisted in simple demonstration of some of the essential points in nursing. Nothing difficult or "catchy" was asked. Only such demonstrations were demanded and such questions were asked as would exhibit the deftness, common-sense, and adaptability of the nurse. In the afternoon each applicant presented herself at the place appointed for the written examination. This also was designed to be a fair test of such points as a nurse must be conversant with in order to give intelligent care in a case of illness.

The result of the examinations have not yet been ascertained, but it is believed that it will prove satisfactory to all who have at heart the interest of both the public and the nurse. The next examination is scheduled for January 24, 1905, at the four stations before mentioned. Applications should be made at least ten days in advance to the College Department of the State of New York, Albany, N. Y.

The State Board of Nurse Examiners has almost completed its first year's work. It has been in many ways a year of interesting experiences, but at the same time, by virtue of its pioneer element, it has often been very puzzling,

and the board has felt its responsibility for establishing a right precedent and one that at the same time can easily be maintained.

It was in a sense unfortunate for the nurses' bill that it should have been passed just before the extensive changes in the university which have been taking place this winter. And yet it really is the board alone that has felt the inconvenience to any extent. The nursing body has borne its share only in the way of delays in response to applications or correspondences. These delays must still be expected for a few more months to come, and irregularities will doubtless occur until the Regents' Office is running smoothly again. The board has felt the inconvenience in the rearrangements, more especially in uncertainty as to the extent of its responsibility in administering the new law. When the Board of Examiners was first organized (September, 1903) the members were called upon to recommend to the Regents of the University a minimum standard of education to be required of the training-schools applying for registration. They were also requested to examine such applicants and to determine the eligibility of such schools. After the passage of the unification bill, which made necessary the complete reorganization of the university, it was decided by the new Commissioner that all training-schools applying for registration from within the State should be inspected by one of the regular inspectors from the Regents' Office. Since that time the registration of the schools has been recommended by that officer and not by the Board of Examiners. This is in direct accord with the letter of the law.

Members of the board have been frequently asked if nurses trained in Canada are eligible for registration under the New York law. Nurses from any part of the world can be registered under exactly the same conditions as those American-born and trained, provided the training-schools from which they are graduated are registered with the Regents of the University. It is only fair that if Canadian trained nurses are working in New York State the Canadian schools should comply with the same conditions as the schools in the United States. Schools as far away as San Francisco are complying with the New York law, although their graduates are much less numerous than are the graduates of Toronto, Montreal, and other sections of Canada. If the graduates of these hospitals who are now working in New York State would call the attention of their training-school managers to this matter, doubtless many of the Canadian schools would comply at once by making application to the Regents of the University.

The examiners hope that nurses will not be discouraged, but will more earnestly press the importance of registration upon those who have not already entered their applications. The work is gaining impetus with each month, and the more the machinery is in operation the more flexible it becomes. The board has had considerable correspondence with nurses who have not understood how to proceed to secure registration. For the benefit of these and others who may have forgotten or overlooked the instructions printed earlier in the *JOURNAL* the following simple hints are given:

Send to the Nursing Department, Regents' Office, Albany, N. Y., for an application blank. When you have received the blank answer each question clearly and concisely. Omit nothing and do not offer any information that is not requested. Let your two nurses' endorsements be signed by women prominent in the profession or personally known to the board. Your training-school superintendent's is always a valued signature. Do not send letters of recom-

mendation from lay people. If needed, you will be advised of the fact. When you have submitted your application wait patiently. It has to pass through many hands before you will hear from it again, and "no news is good news." When you finally hold your certificate as registered nurse remember that even this is valueless until you have registered it in the County Clerk's office. If you are in doubt about the reading of the law, write to the office at Albany and they will send it to you in leaflet form.

J. E. HITCHCOCK,

Secretary Board of Nurse Examiners, New York State Nurses' Association.

LOUISIANA STATE NURSES' ASSOCIATION.—When the Louisiana nurses organized it was felt that, the schools being more centralized and fewer nurses to be reached, the work should be less difficult than where conditions were more complicated by space and numbers. Few things worth having are easily gained, but it was not expected that *nurses* would object to high educational standards, to a Nurses' Board, and to morality clauses.

Forces that opposed the organization of training-schools for more than ten years, that oppose *alumnæ* associations, St. Barnabas Guilds, and that maintain that the medical profession has retrograded by legislation took up the work of trying to defeat the bill, using methods of sensational politicians by misrepresentation in the press.

However, the bill had the endorsement of most of the best nurses and physicians, of the State Medical Society, and of prominent educators, citizens, legislators, and the best of the press.

We are told that our bill was killed. "It is not dead, but sleeping," with both eyes open.

It was almost identical with the Maryland bill and had been inspected by some of the best legal men in New Orleans, and yet it was not discovered to be unconstitutional, because only qualified electors (males of twenty-one years) may hold an office of public trust, until after it had been presented in the Legislature. Not being willing to have a full board of doctors, we withdrew the bill in committee. In 1898 the new constitution did not incorporate the article from that of 1879 allowing women to serve on educational boards. Then too our bill was one of many to be withdrawn because of unconstitutionality.

Our only hope of a nurses' board lies in a constitutional amendment.

L. H. BUSHEY,

Chairman Press and Publication Committee.

NEW ORLEANS, LA., July 7, 1904.

THE MARYLAND STATE BOARD OF EXAMINING NURSES.—His Excellency the Governor has appointed the following members of the Maryland State Society of Nurses as an Examining Board: Miss Mary C. Packard, Garrett Sanitarium, Mount Airy, Md.; Miss Agnes Maupin, University of Maryland Training-School, Baltimore, Md.; Miss Emma Daly, University of Maryland Training-School, Baltimore, Md.; Miss Anna Rutherford, Johns Hopkins Hospital Training-School, Baltimore, Md.; Miss Elsie Lawler, Johns Hopkins Hospital Training-School, Baltimore, Md.

DR. MCGEE'S REPORT

AT last we have reached Japan, and the welcome we have received is alone worth the journey half way around the world. Had we been princesses, the hurrahs of the crowds could not have been louder, nor the bows deeper, while the warm friendship of the people, both high and low, has been proved in a hundred ways. Fortunately for our modesty, we well know that the ovations we have received are not intended for us personally, but are an expression of the universally felt friendship of the Japanese for Americans, and of their deep appreciation of the present sympathy felt for them by our countrymen in this, their hour of trial. We are constantly reminded of their debt of gratitude to the United States for opening their land to Western civilization half a century ago, and being a nation whose hearts are filled with kindness, the coming of American women to give their skilled personal help to the soldiers of the nation is deeply and universally appreciated.

When the big steamer *Shawmut* anchored in the harbor of Yokohama on Friday, April 22, everyone who could do so came out to greet us and escort us to the land. First, of course, the newspaper men, who, strange to say, bore a large basket of flowers—our first gift here. Close behind them came the Governor of Kanagawa Ken (or State), the Mayor of Yokohama, the chairmen of the State Legislature and also of the Chamber of Commerce, the Chief of Police, the Harbor Master, and many other officials. With them were the representatives of the national Red Cross Society of Japan, who had come from Tokyo expressly to greet us—viz., Dr. Takaki, retired Surgeon-General of the Navy, and M. Hirayama (both members of the House of Lords of Japan), and Mr. Togo, the secretary of the society. Among the ladies of the party were representatives of the patriotic women's organizations, several of whom had come from Tokyo. After landing Mrs. Wood, wife of the military attaché of our Legation here, arrived by train, while none greeted us more warmly than did the American missionaries.

The steam launches carrying us ashore were escorted by "sampan," or little native boats, decorated with flags, and at the wharf and along our progress to the Kaigin Church the great crowd shouted "banzai" (hurrah), kodacs snapped constantly, and as we marched slowly in a procession, preceded by the Chief of Police in his handsome uniform, and headed by me, escorted by the Governor, all of us bowed to this side and that, carrying bouquets of flowers and a roll containing the address of welcome in Japanese.

After the "welcome meeting" in the church we were driven to the Grand Hotel, where the morning was spent in receiving visitors, and after an elegant luncheon, during which a band played for us, we started out to see the city. The procession of ourselves and escorts, each in a jínrikisha decorated with American and Japanese flags, was everywhere greeted with shouts and bows, so that I fear we have but a very vague idea of the city itself.

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Our departure from the city next morning was the occasion of another ovation. I had to get off the train to respond to the greetings at each station.

But if what we received at Yokohama was something beyond what any number of American millions could buy, how can I describe our welcome to the capital city of Tokyo? The station and its approaches were filled with representatives of the highest nobility of Japan, government officials, army officers,

members of patriotic societies, bodies of nurses, missionaries, and finally the common people, who were not left behind in the warmth of their welcome. Among the company were relatives of the Emperor and of the former Shoguns, two Princesses, Marchioness Oyama, wife of the Field Marshal of the Empire; Marchioness Nabeshima, whose husband was one of the greatest of the old Daimios, or feudal lords; Baroness Sannomiya, an English lady whose husband is Grand Master of Ceremonies to the Emperor, and many other prominent women, both titled and untitled.

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No description of our reception would be complete without a full account of the Ladies' Volunteer Nursing Association, which is really an integral part of the Red Cross, but as there will be much to say of it in future I shall do no more now than to refer to it as the leading one among the many women's societies, and the one most nearly interested in our coming and foremost in its welcome.

On the afternoon of the eventful day of our arrival (April 23) in Tokyo we called on our Minister and Mrs. Griscom at the legation and had tea with them by invitation. Our host showed us the charming Japanese garden he has had constructed in the Legation grounds, with its little lake, in which a depression, pebbles, and imagination take the place of water, and its bridge, carefully constructed over an equally imaginary but gracefully winding brook. Another important feature is the "mountain" which one ascends to view the scene, and which may be eight or ten feet high. Other callers that afternoon, to our great delight, were Richard Harding Davis, John Fox, Jr., of "Little Shepard" fame, and Miss Eliza Ruhamah Scidmore, the writer of many interesting books of travel and a good friend of mine. Her brother has just been made Adviser to the Legation, in addition to his duties as Deputy Consul General, so they run up to Tokyo from Yokohama very often. The Imperial Hotel is still filled with foreign correspondents and military observers, though we hear the latter are going to Korea in a few days. It was intended that we should go to the same hotel, but, fortunately for us, every room was taken when we arrived. This quiet hotel, which we have almost to ourselves, is much pleasanter.

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On Monday everyone was up at six o'clock in order to visit the famous tombs of the Shoguns in Shiba Park not far away. Unfortunately, there is no time now to tell of their interest and magnificence. After breakfast Dr. Takagi escorted me, as representative of the party, to pay official calls, and Mrs. Richardson was invited to join us. We first visited Marquis and Marchioness Nabeshima in their palace in its large garden. It was interesting to note that on each of the various occasions when we have seen this great noble and his wife (almost every day) they have worn European dress except on this morning, when the latter was in the native costume. Our next visit was to Baron Komura, Minister of Foreign Affairs, or, as we should say, Secretary of State. He received us in his private office, and after I had presented the letter given me by the Japanese Minister in Washington he spoke at some length of the friendship between our two countries and his pleasure at our coming here at this time. His Excellency will be remembered as former Minister to our country. He speaks English perfectly, and I was fortunately able to convey to him our thanks for his

great kindness in authorizing us, of all the foreigners who have offered their help, to be the ones to represent our country.

We next drove to the Navy Department, where we held quite a conversation with the Minister, Baron Yamamoto.

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In addition to meeting the Minister, we had conversations with the Vice-Minister (or Assistant Secretary), Rear Admiral M. Saito (brother-in-law of the son of Admiral Viscount Nire, now a lieutenant commander on the *Hatsuse*, whom we knew well when he was studying at Annapolis), and the chiefs or directors of the divisions of the department, including the chief medical officer of the navy. I must add here that Viscountess Nire, the Admiral's wife, was among the first to welcome us, and that she, her daughter, and Admiral Saito have all spoken of letters from the Lieutenant Commander about their giving me messages from him.

Our next call was to the Minister of War, his Excellency Mr. Terauchi. He sent for his Vice-Minister, for the Director of the Medical Department, and, to my great delight, also for the famous Field Marshal, Marquis Oyama, Chief of Staff. I talked French to these gentlemen, except the medical officer, to whom I gave quite an account of the nursing in our army in German.

Of course, I did not forget to tell the officials about the Red Cross of Philadelphia, whose representatives we are, jointly with the society of Spanish-American War Nurses. Much interest has been shown here in our Philadelphia society, and our only regret in all our experiences is that its officers and also our families could not have shared all our good things. After leaving the War Department we drove to the City Hall to return the calls of the Governor and the Mayor of Tokyo. The latter I told of our departure from Philadelphia and our farewell from that city's Mayor. We received invitations to visit the public schools and the fine waterworks of the city.

Returning to our hotel, I found all the nurses ready for lunch, and with them was Mr. Nagasaki, the Secretary to the Department of the Imperial Household and the holder of several other important positions at court. He and several officers of the Red Cross Society lunched with us, after which we spent the afternoon at the Red Cross Hospital. Of this I shall have so much to say later that I leave it for the present.

On the way home I called on the Minister of the Imperial Household, on Mrs. Nagasaki, and another high official, but no one was at home, as they were not expecting us. Dr. Takaki was escort again.

To my great regret I must leave for another letter the account of visits to the laboratory of Dr. Kitasato, the world-famous bacteriologist, of the dinner at Marquis Nabeshima's, of the garden party, both given in our honor, as well as of the numerous beautiful and interesting presents we have received, the letters of gratitude from a distance and from the common people, of the delegations from societies of all kinds, including even the Buddhist priests, who sent a representative, of the Japanese newspapers and their ways, and of those who have already become our good friends.

Of the trip across the Pacific it is only necessary to say that it was slow—nearly three weeks—and cold, but the huge boat was so steady that most of the time we could scarcely feel it move. I was not sea-sick except somewhat in my head, but had a good rest after the delightful and busy stay in Seattle. Of our movements in the future we know almost as little as we did at home, as

the greatest secrecy is being maintained. As we may leave any day after the expected great battle is fought, few of our numerous invitations have been accepted as yet, but among the interesting things that are to fill the next few days are a grand banquet given us by the Red Cross Society and the presentation of all to their Imperial Highnesses, Prince and Princess Kan-in.

ANITA NEWCOMB MCGEE,

TOKYO, April 28, 1904.

President Spanish-American War Nurses.

REPORT OF THE HOSPITAL ECONOMICS COURSE FOR THE CLOSING WEEK OF
THE YEAR 1904.

To Miss Maxwell, Acting Chairman.

The usual rush of work for the few last weeks of the course is simply a repetition of the previous experience. The regular work, of course, must be carried on, and as a rule this is quite enough for a student if she wishes to maintain her good class standing; at the same time examinations are in the near future and loose ends must be gathered up, to say nothing of a little preliminary study, which is often done in the middle of the night. The regular class excursions were continued to the last, as they are certainly of great importance, and there are always more places to visit than time and strength will allow.

Some of the excursions of the last few weeks were to Squibb's chemical house, the first work of this kind we had seen, and a thorough inspection of all departments of Smith Infirmary, Staten Island. As this was the first hospital we had visited outside of the city, being brought face to face with conditions so different in many respects to those of the city institutions, the discussions were most interesting. The last place visited was the Quarantine Station. The laboratories, where so much special work is done and investigations of important questions are carried on in the most scientific way to the most minute detail, could not but be fascinating in interest. We were also privileged to see the actual routine work of boarding incoming vessels and inspection of crews by the Quarantine officer, the sail down the harbor in the official tug contributing greatly to the pleasure of the afternoon.

The last series of lectures by our lecturing staff was delivered by Mrs. Robb in May. Probably I have mentioned in my reports before, but think it will stand repeating, that not alone the lectures, but meeting the women of experience, not to say of great prominence, in our profession adds greatly to the value of this special feature of the course. Though the time is usually limited and the lecture hours are crowded in with the regular class work, time is usually found for informal talks, which certainly are most valuable to the students.

The final examinations came as sure and unfailing as tide and time. So far as reports have come in up to the present time the class record is one to be proud of. The reports will soon be in and a final understanding made up.

I am particularly pleased to be able to say that the class as a whole have come through the year's work with a different attitude towards the work before them than that of any previous class at the time of completing the course. They clearly see the present state and conditions of training-school work and seem to realize the difficulties in the path of progress, but while they do not expect to revolutionize conditions they are willing to come to the front and shoulder their part of the burden, expecting to struggle patiently and persistently towards the higher plane.

The course of study as given in the June number of the JOURNAL looks on paper much like the previous courses as seen from time to time in the special circular, but there are changes made in those same branches which can hardly be made plain in that list of subjects. A little explanation of a few points will show to those who have followed the work closely just how we are endeavoring to improve the practical growth of the class work. The scientific method of teaching is one branch studied throughout the year; practice teaching should follow this in the second year's work. I am sure such a statement could not be questioned, but what are we attempting to do but to put them both in this one short year? Our endeavor has been to make application of that which we never had, and are only attempting to attain. It always has been more or less of a failure, but by strenuous effort I believe the students do see the failure, and that is about all I can say for it.

By the coöperation of several of the instructors and the hearty approval of Miss Kinne and Dean Russell I am to attempt a new plan for the coming year. It looks very promising, and I am sure will meet the approval of all former students. The plan is simply this—that the students have a course in methods and practice of teaching during the month of October—three hours a week, making not less than twelve lessons; that they then be given charge of a class of seventh-grade pupils at the Speyer School to teach hygiene and physiology under critical supervision. This will mean extra hours for our students through October and extra work for several instructors, which I may say is gladly given on their part, owing to their great interest in our special difficulties and desire to help us overcome them.

The money question remains the same as stated in the last report. The bills are still unpaid. This certainly is a serious condition, for while the expenses are unquestionably at the lowest figure, there is nothing to look forward to as income from any source excepting the unstable prospect of free gifts. The business policy of the undertaking has never had any footing and the conditions are not improving.

Of the last class to graduate a number are already in positions. Miss Wheeler has returned to her former position at Quincy, Ill.; Miss Coleman has returned to Saginaw, Mich., and Miss Krueger to La Crosse, Wis.; Miss Shaw has been appointed instructor in domestic science at the Presbyterian Hospital, New York City; Miss Baldwin as assistant superintendent at the Homœopathic Hospital, Rochester, N. Y.; Miss Baker, superintendent of St. Luke's Hospital, Cedar Rapids, Ia.; Miss Peterson is to be the assistant superintendent at the Newton Hospital, and Miss Parish is in charge of the District Nursing at Orange, N. J. The others all have positions under consideration, but have not yet reported. Respectfully submitted,

ANNA L. ALLINE.

REPORT OF CLASS IN HOSPITAL ECONOMICS

MAY was a busy and eventful month for the class. During the first week Mrs. Robb visited the college and gave a most instructive course of lectures on "Training-School Administration," which will be of untold value when we take up the work for which this course is a preparation.

The principal excursion of the month was to Staten Island, where we visited Smith Infirmary, and were charmed by the beauty of the place and the cordiality of our hostesses.

After luncheon at the infirmary, we went to the United States Quarantine

Station, where we were shown the bacteriological laboratories, disinfecting plants, etc., and were then taken on board the Inspector's boat out into the ocean to meet an incoming steamer. It was most interesting to see the inspection of the great vessel, with her crew, before she was allowed to enter the harbor.

Almost the entire class attended the convention at Philadelphia, Dean Russell allowing full credit for the time taken from the college work. This opportunity of meeting the women to whose untiring effort is due the phenomenal progress made by our profession in the last decade was greatly appreciated, and acted as an incentive to us to follow where they lead, though we be very, very far behind.

The final examinations were the centre of interest during the last week of May, and when they were over the class celebrated by taking a trip up the Hudson to West Point, where we were very courteously received and shown over the grounds and buildings, which contain hundreds of objects of historical interest. It was a never-to-be-forgotten day, and as we steamed cityward down that glorious river, in the light of the setting sun, the last faint memories of "those awful exams." faded forever from our minds.

A very pleasant event of the month was an evening spent with Miss Thornton, who has given many evidences of her interest in the class and our work.

The Class of 1904 is rapidly disbanding. Within the next few days we will all have gone to our work, or to our homes, in widely separated parts of the United States and Canada, but everyone will carry with her kind remembrances of New York, Teachers College, and the members of our profession in this city.

We feel particularly grateful to the superintendents of training-schools here, who have shown us every courtesy and kindness during our stay in New York. We came as strangers, expecting nothing but the place we might be able to make for ourselves, but we soon found that we were among friends—friends who realized that in spite of her nomadic existence a nurse is quite as susceptible to that dread malady, "Heimweh," as her sisters in other walks of life, and with characteristic promptness began prophylactic treatment.

We have met with some disappointments during the year; a few things failed to meet our expectations, but on the whole we are agreed that the course in Hospital Economics is a great, good thing, and we pledge our loyal support to any movement for its advancement.

THE sixth annual conference of the Association of Hospital Superintendents of the United States and Canada will be held at Atlantic City, N. J., September 21, 22, and 23. A most interesting programme is being arranged, and the committee will issue a synopsis of the subjects to be discussed at an early date.

THE Surgeon-General has given another piano, this time for the use of the nurses of the General Hospital at the Presidio, Cal. This is a large station, to which all new recruits in the army nursing service are first detailed.

COUNTESS BARODA, an American by birth, whose home was formerly in New Orleans, has gone with a party of six nurses to Port Arthur to offer their services to the Russian Red Cross.

MARRIED

JUNE 15, at the residence of the bride's mother, Mrs. Edward Durard, of Dubuque, Ia., Miss Alice Durard to Dr. Joseph Elmer Ridenour, of Jesup, Ia. Mrs. Ridenour is a graduate of St. Luke's Hospital Training-School for Nurses, Cedar Rapids, Ia., Class of 1902, and of the General Memorial Hospital, New York City, Class of 1903. At home after July 1, Jesup, Ia.

MRS. HARRIET DYER NORTON has announced the marriage of her daughter, Emily Morse, to Mr. Charles M. Coleman on Wednesday, June 15, at All Saints' Church, Pasadena, Cal. Mrs. Coleman was a member of the Class of 1899, St. Luke's Training-School, Chicago.

ON May 16, in New York City, Mrs. Maude P. Vaughan to Mr. Jones Talbot Eager. Mrs. Eager graduated from the Newport, R. I., Hospital, and for a number of years was superintendent of the Germantown Hospital, Pa.

ON June 7, at Fort Bayard, N. M., Clara Emily Hughes, Army Nurse Corps, to Robert Le Roy Collins, lieutenant Second Cavalry. Mr. and Mrs. Collins will be at home after August 1, 1904, in Manila, P. I.

IN Rochester, N. Y., June 15, Miss Charlotte M. Kelly (graduate of the City Hospital) to Mr. John G. Eberle. Mr. and Mrs. Eberle will make their home in Erie, Pa.

MISS DORA ISABEL ROUNTHWAITE, Class of 1895, St. Luke's Training-School, Chicago, was married on Tuesday, June 7, to Mr. Frank M. Garden, of Chicago.

IN Salem, Mass., June 13, Miss Jane G. Ganey (graduate of St. John's Hospital, Lowell) to Mr. John J. Talbot.

IN Rochester, N. Y., June 30, Miss Mary Watt (graduate of the City Hospital) to Dr. W. H. Sutherland.

OBITUARY

THE Alumnae Association of the Wilkes-Barre City Hospital Training-School for Nurses met in the Medical Society rooms to adopt resolutions concerning the death of a sister nurse, Emma Carpenter Potts, who died while in the faithful performance of her duties in a hospital at Eleele, Hawaii. This meeting was for the saddest purpose for which the Alumnae Association had ever been called together. It has been sixteen years since the Training-School was established in our hospital. The first class graduated in 1890, and this is the first time that death has broken our numbers.

"Death loves a shining mark," and has taken our noblest and best. Emma Carpenter Potts was a graduate of the Class of 1893. She left the hospital in January of that year. Her hospital training was hard work, and during her last year of hospital service she had an unusual amount of hard private duty. She was an indefatigable worker, and no nurse from our school has had such a record for constant work and few, if any, are the constitutions that could have stood it. During the first years of her professional work she did not have even one day between her cases, going from one patient directly to another, such was the demand for her faithful and capable services. She had a splendid constitution, but unceasing and untiring work told on the slender frame, which had relieved so many aching bodies, and when disease entered her system it never left her until it claimed her for its own. Great is our loss, both socially and in our professional world.

Many are the sad hearts and tears for her loss. She was unselfish in every sense of the word; hers has been a beautiful, helpful, noble life, possessing all the attributes of pure and true womanhood. The mission that first took her to the Hawaiian Islands was one of loving kindness. If her reward is according to her labors, it will be of the highest. She has sacrificed her life for her profession, and we regret that this is true.

Many beautiful and loving tributes were paid to her memory by her sister nurses. The nurses hope to be able to endow a bed and keep a room for sick nurses in the hospital to be known as "The Emma Carpenter Potts Memorial." Such plans are being considered. The following resolutions were adopted:

"WHEREAS, It has pleased Divine Providence to take from our number Emma Carpenter Potts, a graduate of the Class of 1893 of the Wilkes-Barre City Hospital and a member of the Alumnae Association:

"*Resolved*, That we, the members of the Alumnae Association, express our deep sorrow on account of her death and our own appreciation of her sterling qualities.

"*Resolved*, That we extend to her mother and family our sincere sympathy in their very great loss, and that a copy of these resolutions be sent to her family and to Miss Anna Potts, of Eleele, Hawaii, and be entered upon the minutes of the meeting of the Alumnae Association, and be published in the *Trained Nurse* and *THE AMERICAN JOURNAL OF NURSING*.

"MARGARET PORTER,

"ETTA ROACHE,

"CLARA TREGLOWN,

"ISABEL WEIR,

"Committee on Resolutions.

"WILKES-BARRE, PA., June 18, 1904."

MISS EMMA E. MACMILLAN, after months of suffering from tubercular-peritonitis, died at her home at Sherbrooke, Nova Scotia, on Friday, June 3.

Miss MacMillan was a member of the Class of 1904 of the Connecticut Training-School for Nurses of New Haven, and would have completed her course in October.

It is with deep regret that we announce the death of Mrs. John Block, née Lillian Noeller, graduate of the Erie County Hospital, Buffalo, N. Y., Class of 1901, who died on June 8, 1904, of diphtheria.

Her death was very sad, owing to her illness being of only a few days' duration. By her death we lose a much beloved and faithful sister nurse.

MARIE FLICKINGER,

CLARA GRUEN,

Committee.

THE Columbia and Children's Hospital Alumnae Association learn with regret of the death on Sunday, June 12, 1904, of Edythe Richmond, graduate of Columbia Hospital, of the Class of 1891, and a member of the Alumnae Association.

"*Resolved*, That the Alumnae Association express to the family of Miss Richmond their deep sympathy in the loss which has fallen upon them, and their warm appreciation of her work both as a nurse and member of this organization.

"A. FROTHINGHAM KANE, Secretary."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE PROGRESS OF STATE REGISTRATION IN ENGLAND

THE State Society has gained a conspicuous victory in having secured from Parliament the promise of a commission to inquire into the whole nursing question.

This will be the best thing that has happened in nursing affairs, as it will bring the whole subject into the light of public opinion and will undoubtedly hasten the day of legal status.

THE ENGLISH REGISTRATION MOVEMENT

THE opposition in England to the State registration movement has been in character quite incredibly violent and tenacious. It has been also, we must frankly say, as stupid and unintelligent an opposition as we have ever had the unique experience of beholding. Its arguments have been as feeble, cloudy, and lengthy as its position has been obstinate. And what is it all about? No one can tell. The English nurses themselves do not all know. But the one bit of solid ground seems to be the fear that under registration there will be no way of knowing whether a nurse is a moral and kind person. But as Miss Stewart very aptly pointed out, the laity can tell for themselves whether a nurse is kind and moral, but they cannot tell whether she knows how to nurse or prepare for an operation. Besides, what is to prevent the public from inquiring at the training-schools about the nurse's qualities, just as they may do now? There is nothing in registration to prevent it.

After all, it is a great thing to live in a land where people are willing to try experiments. The present chaos in nursing education is bad. Why not try State regulation? It can do no harm and may do great good. At any rate, the skies cannot fall or the world come to an end. And there is nothing else in sight to try.

The English Society for Registration has done splendid work. All its statements, replies, and arguments are clear and definite—moreover, rational and temperate. Mrs. Fenwick as secretary has worked with all her accustomed energy, speaking, travelling, and writing.

But the whole truth in a nutshell is that a small group of men now enjoy the control of the profits from private duty (*not*, let us hasten to add, for themselves, but for their hospitals), and they are afraid this will be lost to them under registration. But they do not say this. Hence the fog, the winds, and the sandstorms.

The "Second Annual Report of the English Society for the State Registration of Trained Nurses," just issued, is a masterly document and shows an

amount of work done that is simply amazing. The society now numbers over twelve hundred, and its educational propaganda has been so active and so intelligent that the question of registration is being discussed on every hand. Scotland has followed Ireland in line with a strong committee of nurses, physicians, and lay members to promote the cause.

Finding their bill blocked in the House of Commons by the opposition, a committee from the society, courageous and undaunted, appeared by appointment before the Public Health Committee of the House of Commons and invited the "consideration of the appointment of a select committee of the House of Commons to inquire into the whole nursing question."

It seems likely that this will be the way by which a final conclusion will be reached.

THE first annual report of the German Nurses' Association has reached us, and shows most encouraging progress and success. As, however, printed matter in a foreign tongue is less satisfactory than interviews by word of mouth, we will not attempt details until after having talked with the German nurses and their devoted president, Fräulein Agnes Karll, and by the time this appears these looked-for meetings will have been an accomplished fact.

LETTER

ATHENS.

A GREAT disappointment in Athens was not seeing Miss Klonare, the Greek nurse who was trained in America and who is usually to be found at the Children's Hospital. My stay in Athens was divided into two parts. During the first part Miss Klonare was with a patient. When I returned later to Athens after trips in the country, and went to the hospital to see her, I learned that she had gone away on vacation. I wanted very much to become acquainted with her, that we might establish friendly relations with nurses in Athens; also, naturally, wanted to urge her to send an occasional message to the JOURNAL. However, Miss Jean Stilson, of the Massachusetts General, was in Athens at the same time, and longer than I. She knows Miss Klonare, and saw her once, and through her kindness our JOURNAL with the mention of the Greek maidens going to American training-schools was conveyed to Miss Klonare, and by her, I think, to the Crown Princess, who is interested in nursing affairs.

Miss Stilson and I went together to the Evangelismos Hospital in Athens, and were delighted with it. The Greeks are very solicitous of the welfare of their sick; they make great efforts for their hospitals and are very proud of them. At the time of their last war much excellent constructive and enduring work was done for hospital improvement by Mrs. Fenwick and her staff of English nurses, who were placed in charge of the hospitals at that time. True, there is not yet a regular training-school in Athens, but all the hospitals for acute diseases are well cared for by trained nurses holding diplomas from modern hospitals. At the Eye-Hospital there is an English nurse. At the Children's Hospital, Miss Klonare and other English-speaking nurses. At the Evangelismos, which is the large general hospital, a Danish trained nurse is in charge, and has under her a large staff of nurses, all of whom are in uniform and cap, and of whom some have had German training, or hospital experience elsewhere, while others came from the different mission schools of the East to

acquire the practical knowledge of nursing which they need, and for which this large hospital with its general service is admirably fitted. But they do not, as I understand, receive any theoretical course or serve for any definite time, although such women usually stay for two or three years.

On the afternoon when Miss Stilson and I went over to the hospital the Danish matron was, unfortunately, out, and we were shown through by a young surgeon who spoke English. He was most courteous and showed us over the entire building. He did not, however, know a great deal about the nurses (not a bad fault, I am sure), and there were few of them who spoke anything but their native tongues. The hospital was most exquisitely clean and orderly, a shining tribute to the management of the Danish matron. It is quite modern in its plan and details, and while its appointments were not costly or lavish, they were sufficient and good, and the wards and rooms looked pleasant and comfortable. It seemed to be the custom not to use bedspreads. The beds were made up just with sheets and blankets—why, I know not. The usual Greek bedspreads are of crimped white seersucker, thin and light, which would make nice spreads for hospital beds. The nurses did not all look trim or neat in dress. One got the impression that some kind of drapery would suit them better than modern dress, which they did not all seem to know how to put on well or with attention to collar-bands, armholes, etc. The ward maids too were neither neat nor picturesque, evidently suffering from being in a transition period. The young surgeon, however, was immaculate in white linen gown. The patients looked well-cared for, beautifully clean, and cheerful. Their dishes were pretty, and the wards were bright and pleasant. The guide-book (Macmillan) says that it is difficult, sometimes impossible, to get nurses in Athens, and adds: "A nurse may sometimes be spared from the hospital, but she usually knows no English. The hospital itself is well-managed, but nursing as a profession is hardly recognized in Greece."

There could hardly be much demand in Athens for English-speaking nurses, as the tourist season is short, and one could not get along in Greek homes without knowing the language and the customs. But there ought to be room soon for a good training-school for Greeks, and with this excellent hospital and modern scientific physicians there I hope the school will soon appear.

L. L. D.

ITEMS

ONE of the most delightful incidents of a delightful trip has been meeting and visiting Miss Hart at Robert College. Miss Hart, as Bellevue nurses will know, is a graduate of that school, and has spent the greater part of her time since graduation abroad. For a number of years she has been in the college, which, as everyone knows, is an American college for young men of any nationality, situated on the most beautiful point of the Bosphorus near Constantinople. Miss Hart is in charge of the students' health. I went up to see her immediately on arrival, again with Miss Stilson, and afterwards spent two days with her in the college, and two other memorable ones in being conducted by her to see hospitals and other sights. She told me that I was only the second American nurse who has ever been to see her. She has not revisited America in twelve years, and I think I have persuaded her to come next summer in vacation time. She has employed her vacations, when the college is closed, in visiting all sorts

of places that one does not usually get to. She is the only person I have ever been able to find who has visited Russian hospitals, and I told her I should announce in the JOURNAL that we expected some articles from her. She also gave me news of another Bellevue nurse, Miss Trowbridge, who is in charge of a hospital at Aintab, in Asia Minor, where she has been for more than fifteen years.

Miss Hart's domicile in the college is about as lovely as anything could be. Two great, roomy, airy apartments filled with pretty things from all lands look out over the Bosphorus and its shores. The samovar is always ready for tea, and the Oriental habit of unbounded hospitality is in full force. It is dangerous to admire things, because you find them in your carriage when you leave.

I also met there Dr. Ottley, of the Johns Hopkins Hospital, who is professor of biology in the college. He was much pleased to see the *Johns Hopkins Hospital Alumnæ Journal*, which I had just received by mail, and inquired after many old acquaintances.

The Turkish hospitals must have a number all to themselves.



EXPERIMENTS AS TO THE AMOUNT OF FOOD NECESSARY TO SUSTAIN HUMAN LIFE IN GOOD HEALTH.—The *Medical Record* says: "The chief paper read before the National Academy of Sciences on April 20 was a description of a series of experiments recently carried out by the Sheffield Scientific School of Yale to determine whether the average human being does not eat too much. Professor Russell H. Chittenden, the director of the school, and who read the paper, said three classes of men were experimented on—several professors at the school, several students, and a squad of United States soldiers. There was a gradual reduction of meat and other proteid foods, with little, if any, increase in starch and other foods in nearly all the tests. No fixed regimen was required in any case, the endeavor being to satisfy the appetite of each subject. At the end of the experiments, which lasted for six months, all the men experimented upon were in the best of health. Their weight in some cases was almost exactly the same as when the experiments were begun, and in some slightly lower. Their bodily vigor was greater and their strength was much increased, partially owing to their regular physical exercises, and partially owing, Professor Chittenden believes, to the smaller amount of food eaten. As a result of the experiments, Professor Chittenden concludes that the ordinary individual eats far more than is required to keep him in good physical and mental health and vigor."

MISS FLORENCE NIGHTINGALE.—The King has been pleased to sanction the appointment of Miss Florence Nightingale as Lady of Grace of the Order of St. John of Jerusalem in England. In May Miss Nightingale celebrated the eighty-fourth anniversary of her birth. She received at her residence in South Street, Park Lane, a large number of congratulatory telegrams and messages, and there were even more afternoon callers than usual. Miss Nightingale, who continues to enjoy fairly good health and to take an unabated interest in works of charity, celebrated her birthday in the quietest manner.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JUNE 11, 1904.

CHAMBERLIN, Anna B., assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

Chambers, Elizabeth F. M., graduate of the Massachusetts General Hospital, 1895, and of the Boston Lying-In Hospital, 1896, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Craig, Mary E., reported at the First Reserve Hospital, Manila, awaiting assignment.

Flick, Lucile E. S., arrived in New York on Kilpatrick May 22; on leave awaiting orders.

Freiberg, Mrs. Emma Louise, graduate of the German Hospital of Chicago, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Griggs, Edith Young, reported at the First Reserve Hospital, Manila, awaiting assignment.

Hine, M. Estelle, transferred to Fort Bayard, N. M., from General Hospital, Presidio, San Francisco.

Hughes, Clara E., transferred to General Hospital, Presidio, San Francisco, from Fort Bayard, N. M.

Hunt, Helen G., assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

Keliher, Josephine F., assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

Kelly, Lucy S., arrived in New York on Kilpatrick May 22; to be discharged at the expiration of her leave of absence.

Lyons, Mary V., transferred from Fort Bayard, N. M., to General Hospital, Presidio, San Francisco.

McCormick, Elizabeth F., transferred from General Hospital, Presidio, San Francisco, to Fort Bayard, N. M.

McInnes, Agnes, assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

McKelvey, Mary, arrived in New York on Kilpatrick May 22, to be discharged at the expiration of her leave of absence.

Moore, Nelle, assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

O'Brien, Helen G., assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

Salter, Mrs. Marguerite, arrived in New York on Kilpatrick May 22, discharged.

Smith, Stella, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Verdin, Clara A., assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

Woods, Julia E., arrived in New York on the Kilpatrick May 22, discharged.

Ziegler, Barbara, assigned to permanent duty at the First Reserve Hospital, Manila, P. I.

JULY 12, 1904.

BARKER, Mary C., transferred from the General Hospital, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Bartholomew, Annie M., transferred from the General Hospital, San Francisco, to the transport Sherman en route to the Philippines for duty in that division. Sailed July 1.

Craig, Mary E., recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Culter, Eva Cecilia, graduate of the Illinois Training-School for Nurses, Chicago, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Flick, Lucile E. S., assigned to duty at the General Hospital, Presidio, San Francisco.

Griggs, Edith Young, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Hally, Mary C., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Howard, Carrie L., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Hughes, Clara E., discharged June 7 to be married.

Knight, Della Virginia, graduate of the German Hospital Training-School, Brooklyn, appointed and assigned to the General Hospital, Presidio, San Francisco.

Meuser, Gretta B., transferred from the Base Hospital, Iloilo, to the First Reserve Hospital, Manila, P. I.

Pierce, Margaret, transferred from the General Hospital, San Francisco, to the transport Sherman en route to the Philippines for duty in that division.

Richmond, Edith L., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Riley, Olive I., graduate of the General Hospital, Paterson, N. J., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Rohlf, Louise, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Underwood, Eleanor, ordered from the Base Hospital, Iloilo, to Zamboanga, Mindanao, P. I., on detached duty.

White, Alice Cecil, transferred from the German Hospital, Fort Bayard, N. M., to the General Hospital, Presidio, San Francisco, in place of Miss Lyons, as reported last month.

White, Ellen L., transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, N. M.

Winslow, Minnie A., transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, N. M.

Wollpert, Julia E., transferred from the First Reserve Hospital, Manila, P. I., to Zamboanga, Mindanao, on detached duty.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

BUSINESS METHODS AND PROFESSIONAL SOCIETIES

WOULD it not be well if business methods were in more common use in our professional societies?

If a woman in a country town sends an order, let us say to John Wanamaker, she may not receive her goods for a portion of a week, but she does receive by return mail a card stating that her order has been filed and will be given prompt attention.

If, however, a nurse sends an application, written in due form, for membership in a professional association it goes into the silence and the night.

To prove that I am not exaggerating, I will cite a veritable case.

A nurse who has been invalided home for overwork returns, after three years' absence, to her former field of labor. She has followed the fortunes of her profession through the pages of the JOURNAL and knows that her school has formed an *alumnæ* association, that the graduates of the different schools have banded together as a city club for the benefits of registry and for social and professional advantages, and also that a State association has been formed.

She wishes to become a member of all these societies, both because her interests lie that way, and because she knows she must do so in order to maintain her professional standing.

She first makes application to the City Club in the required form, giving references to members and physicians. She knows that it may be a month before she can be admitted. The month goes by and the weeks accumulate until another month has gone. The nurse thanks Heaven that the men whom she knew before remember her and give her work to do. At first she had felt reasonably sure of admission to the club, but she now becomes anxious about it. "However," she says to herself, "they have not said 'No' any more than 'Yes.' I will go to see them."

She does so, and is pleasantly greeted by the secretary. After a somewhat prolonged search among various other papers the secretary says: "Oh, yes, here is your application. It is going to be all right, but one of the physicians to whom you referred has not yet replied to our inquiries."

A telephone message to the forgetful physician sets the matter right, and at the end of another fortnight the nurse receives notice that she will be admitted into membership in the club on the payment of dues.

One of the first things she had done on her return was to visit her Alma Mater, and on this occasion the superintendent of nurses had urged her to become a member of the *Alumnæ* Association of the school, and she had promised to do so as soon as she had gathered up the scattered threads of her work. At the end of two months she sends the *Alumnæ* Association a written application for membership. One month goes by in silence and then another. There

chances to be a meeting of the State association at which the nurse finds herself sitting beside the secretary of the school alumnae, who is also a graduate of her own year. She turns to her and says, "Did you receive my letter?"

"Oh, yes," the secretary smilingly replies

Nurse (indignantly).—"Then why didn't you answer it?"

"Why, I suppose I should have. It rained so hard last month that we didn't have a meeting. We are going to have one to-morrow night and then I will speak about your application." After the meeting "to-morrow night," which is in February, the nurse receives a card stating that her application has been received and will be considered at the business meeting in May.

This nurse has also sent a written application for membership to the State association. And what has become of that? Nothing can be told except that it has been sent. Its fate is shrouded in silence and mystery. The nurse has a philosophic hope that after the lapse of a few months she will be notified that she "will be admitted into membership on payment of dues."

In all these cases would it not have been more courteous, as well as more business-like, to have promptly acknowledged the receipt of the application?

GRADUATE.

DEAR EDITOR: I hear that the American nurses in Rome have all gone back to America, and a nurse now living in Europe, not connected with the Roman enterprise, but knowing all about it, writes me as follows:

"The business of the nurses has been shockingly mismanaged. My own opinion is that it is putting nurses in a false position to bring them out to take care of wealthy people on ten francs a day (two dollars) and the nurse to receive seventy-five francs (fifteen dollars) a month as her salary. Most people who go abroad are able to pay the same money for a nurse that they would in America. I think if they attempt to reopen the Home again it's a thing that ought to be taken up, because there are many American nurses abroad trying to live and nurse for the benefit of travellers, and they ought to have protection against cheap nursing."

Would not one of the nurses who have returned from Rome give an account of the management? It appears to be antiquated and behind the times. Nor can I understand why the wealthy Americans who travel abroad should be planned for as if they were charity cases, to have trained nurses at reduced rates.

L. L. DOCK.

PARIS, June 25.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



EDITORIAL COMMENT



THE INTERNATIONAL CONGRESS

THE international meetings of nurses in Berlin have been a most magnificent success. Miss Dock's letter on the opening pages and her official report, with that of Mrs. Fenwick in the Official Department, give a most inspiring account of these great occasions. These reports should be carefully studied by all of our readers, as in the papers and discussions are shown the trend of advanced thought and development in nursing, along the line of which our work will be in the immediate future. The discussion upon the subject of international affiliation is especially important and will be brought home to the Superintendents' Society and the Associated Alumnæ at their next meeting, making a thorough grasp of the Berlin discussion, as shown in Miss Dock's report, absolutely essential for intelligent consideration by the members.

In the maturing of the plans of the International Council of Nurses the adoption of an official organ in each country affiliated was one of the questions openly discussed, and THE AMERICAN JOURNAL OF NURSING was unanimously selected to be the representative organ of the council in the United States.

We can only express our grateful appreciation of this honor and courtesy. The JOURNAL is in warmest sympathy with the "Council Idea," and stands ready to advance its interests with every means in its power.

The American nurses formed a large delegation at the congress and took a very active part in the proceedings. The names of those present are given in Miss Dock's report, and those of us who were obliged to remain at home have reason to be proud of the manner in which our profession was represented at this great international gathering of the women of the world.

The papers read and the discussions on purely nursing subjects will be given in our pages in later issues. We are unable to give more space to the congress in this number.

A BURNING PROBLEM

WE want especially at this time to call the attention of the members of the nursing profession in the United States to Miss Alline's report on page 896 of the Course in Hospital Economics at Teachers College, Columbia University, New York. This report shows splendid work done by the class, and leaves no doubt in our minds of the value of this course to the profession and to the individual. That so many of the class are already in positions is a guarantee of the appreciation of the training-schools of especially trained women for the teaching and executive positions in hospitals, and one rightly infers that in the near future such training will be required of all applicants seeking to take up institutional work.

We take great pride in the knowledge that this course at Columbia is a nurse's idea; that it was established by the body of nurses, themselves teachers, who out of their own hard experience demanded better preparation for the teachers of the future, and subscribed money from their own hard earnings for the experimental years.

The Course in Hospital Economics is no longer an experiment. It has been tested and is a success, each year providing better facilities and a broader field of study. It has reached the point where only one obstacle stands in the path of its future development, and that obstacle is money.

The Society of Superintendents of Training-Schools for Nurses should not longer be left to bear the financial burden of this work alone. The endowment of this course is an obligation that the members of the great body of nurses of to-day owe to the nurses who are to follow them. It is a professional obligation, and we appeal to every woman holding a nurse's diploma, without regard to school, creed, or color, to contribute the amount of one day's earnings for the advancement of this great educational project.

The course has closed this year with bills unpaid, and what support it is to receive from nurses must be determined at once.

Miss Maxwell, of the Presbyterian Hospital, New York, the acting chairman of the committee from the Superintendents' Society, will receive contributions, and they will be acknowledged through the pages of this JOURNAL. She has asked the following well-known women also to receive money for this cause:

Miss Isabel McIsaac, Benton Harbor, Mich.

Miss M. A. Nutting, The Johns Hopkins Hospital, Baltimore, Md.

Miss P. L. Dolliver, Massachusetts General Hospital, Boston, Mass.

Miss M. M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

Miss L. Gross, Buffalo General Hospital, Buffalo, N. Y.

Miss Eva Allerton, Homœopathic Hospital, Rochester, N. Y.

Miss Ayers, Rhode Island Hospital, Providence, R. I.

Miss G. M. Nevins, Garfield Hospital, Washington, D. C.

Miss M. Ellis, Lakeside Hospital, Cleveland, O.

Miss M. Banfield, Polyclinic Hospital, Philadelphia, Pa.

Those women who have been trained in schools of the higher grades, where they had facilities and opportunities for a thorough nursing education as we know it to-day, have a debt to pay to their profession.

Those nurses who have received their instruction where facilities were lacking, and who have been handicapped for want of the knowledge which they should have been given, owe it to those who are to follow to make conditions better.

One little contribution such as we suggest from the thousands of nurses in this country, and the thing is done.

Who can afford to be left behind in a movement of such vital import to our professional future?

As we grow in numbers and as we become more closely banded together such professional obligations will increase. Each generation in turn must make provision for the betterment of those to follow. There is no woman so obscure, if she has the means, who is not called upon to contribute her mite to this cause.

THE PROGRESS OF REGISTRATION

A LETTER received recently from the secretary of the California State Nurses' Association gives a very encouraging report of progress on the Pacific coast. This society now has a membership of three hundred and thirty nurses, nearly all of whom are residents of San Francisco. Several counties are organizing, and Alameda County, with a membership of fifty nurses, will come into the

State association in the early fall. We understand that the attitude of the medical profession in California is cordially friendly towards the nurses' movement for registration, and a bill will be introduced the coming year.

We extend our sympathy to the members of the Louisiana State Nurses' Association in their disappointment over the failure of their efforts to pass a bill this year. The official report from this association is found on another page, which shows that the bill had to be withdrawn on the ground of its being unconstitutional, no woman being permitted to hold State office in Louisiana. Notwithstanding that the Legislative Committee had legal advice in framing the bill, the fact that a Nurse Board of Examiners would make it unconstitutional was not discovered until after it had been presented to the Legislature. The members are not discouraged, however, for they have had the support of the more highly intelligent among the citizens of the State, the official support of the State Medical Society and of women's clubs. Their opposition has come from a body of women calling themselves trained nurses, but who, in their efforts to create public and political opposition to the whole idea of registration, have proven themselves unworthy members of the great nursing body.

The Louisiana State Nurses' Association will, we believe, find a way to overcome the legal obstacle that stands in their path, and ultimately will secure what they have organized to attain, registration according to the highest ideals.

We ask our readers who are seeking information in regard to registration to read all the State reports with care. In three States where registration is in progress the same difficulties are being met, the most serious one being a lack of knowledge on the part of nurses of the requirements of the bills in their own States which they have helped to pass. This work calls for a more careful study of the whole subject on the part of alumnae associations, where foggy points can be made clear by discussion.

In Miss Hitchcock's report some questions are answered in regard to the situation in New York State that have been asked of the JOURNAL and which we will not take space to repeat, as this number is greatly crowded already.

FAKE AND GRAFT

SOME little time since the New York *Medical Journal* published a signed editorial, entitled "The Training-School Fake and its Victims," in which the writer, Dr. G. Frank Lydston, represented all training-schools in the country to be of the commercial class—i.e., sending pupils out to earn money for the hospital, requiring them to do such menial work as "scrubbing floors and other tasks," giving them such limited experience that they are disqualified from doing general nursing, calling the term of training a period of slavery, describing the extension of time from two to three years as "hospital graft," etc., also advocating a one-year course of training as being sufficient time for a nurse to acquire all the knowledge necessary—in fact, disapproving of much education for nurses, and seeming to be lacking in acquaintance with nurses of the educated type and to be unfamiliar with training-schools employing modern progressive methods in the training of their pupils.

We do not deny that such training-schools as Dr. Lydston describes exist. We know they not only do exist, but that they have been increasing in some sections of the country, and that "fake" and "graft" are not too strong terms to use in connection with them; but that they are the representative schools

is an unjust statement, and to the uninitiated Dr. Lydston's paper gives an entirely wrong impression of nurses and training-schools of the progressive type. Such a paper published in a medical journal would not be of very much importance, as the majority of the readers are capable of discrimination, but, unfortunately, in this instance the subject was taken up by the *New York Times*, giving to the article undue prominence in a manner misleading to the general public.

Mrs. Francis M. Scott, a member of the Board of the Bellevue School, speaking for Bellevue and the leading training-schools of New York City, replied to Dr. Lydston's paper in a letter published in a later issue of the *Medical Journal*, in which she showed forcibly the injustice of his sweeping condemnation, and we wish to endorse her defence of the New York schools as applying to the leading schools in other cities. Dr. Lydston has since qualified his assertions somewhat.

The editor of the *Medical Journal* in commenting on the two articles expresses approval of the one-year course idea as advocated by Dr. Lydston, quoting from the *Boston Medical and Surgical Journal* as endorsing the same views. Progress in medicine, in which standards of preliminary as well as purely medical education have advanced so wonderfully, had its origin from within the medical profession. The idea did not come from lawyers or ministers or civil engineers, although possibly an occasional member of each or all of these learned bodies may have thought higher education for physicians unnecessary. The great international nursing body stands for more thorough preliminary preparation and more careful and extensive hospital training for nurses, and we doubt if any personal or local influence can turn the tide of this wide-sweeping movement for higher education, which, with registration, will eventually wipe out of existence the schools of the "fake" and "graft" type, which come justly under Dr. Lydston's criticism, but which are not to be considered the representative American training-schools of to-day.

HELD OVER.

FOR want of space we are obliged to hold over the reports of a number of State and alumnae meetings, an exceedingly interesting account of the Conference of District Nurses at Portland, and several letters to the Editor. Giving the entire July number to the report of the Associated Alumnae, as is our custom, has caused an unusual accumulation of official material for the midsummer number, which we regret our inability to publish until a later issue.

The July number was edited by Miss Riddle, and the Editor-in-Chief was able to take a little rest from the JOURNAL work, but upon returning to her desk she found an accumulation of letters and material which she has been unable to acknowledge promptly and offers this explanation as an apology.



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THE HOME AND ITS RELATION TO THE PREVENTION OF DISEASE *

By M. ADELAIDE NUTTING

The Johns Hopkins Hospital

“WHAT knowledge,” asks Spencer in his invaluable treatise on education, “is of most worth?” and his reply is, “Clearly that which must take precedence of all others is the knowledge which shows us how to live.” This, he goes on to say, is of three kinds—that which teaches us self-preservation, that which prepares us for parenthood, that which prepares us for citizenship; and while he adds that the training for any one of these is in a measure the training for all, he insists, and rightly, that first of these, and of primary importance, comes that education which teaches self-preservation. Such a knowledge as will carry us through the ordinary acts and avocations of life, will show us what precautions are necessary for personal safety, what actions are likely to be followed by injury or disease, what measures are necessary to maintain health, is that which teaches us the meaning of self-preservation in its widest sense. As without health all activities become difficult or impossible, it is clear that parenthood or citizenship must be profoundly affected by any system of education which fails to place in its highest rank a knowledge of how to live rationally; how to use all of our faculties in the best possible way for ourselves, our families, and others; how to take care of our bodies; how to take care of our minds. That the healthy mind depends closely upon the healthy body we have finally learned, and it is one of the triumphs, and perhaps the greatest, of the wonderful century through which we have just passed that it has brought such vast additions to our store of knowledge upon the subject of health,

* Parts of this paper were read before the Household Economics Branch of the Association of Collegiate Alumnae, Philadelphia, March, 1904.

and how to preserve it; of disease, and in what ways much of it may be prevented. "The brightest pages in the history of our century are the triumphs of sanitary reform and of medical science," writes Lecky. The whole trend of medicine is in the direction of the prevention of disease, and at the present moment in this and other countries men are toiling patiently in their laboratories, day after day, in the hope of finding out some new fact which will lift still higher the veil of darkness in which for so many centuries we have been enshrouded.

Seeing on what firm ground we stand to-day, for all practical purposes, in our knowledge of what constitute the main conditions of a healthy life, we are sometimes tempted to wonder why it is we have been so long in getting here. Much that we accept in the laws of modern hygiene has always been true, and among certain individuals and peoples and at varying times has had the sanction of custom. I am here to-day for the purpose of calling attention to some of the well-known but well-neglected truths of this nature, rather than to attempt to present to you anything distinctly new, realizing that it is sometimes well worth while to try to give familiar facts a new significance. Some of the oldest and most familiar of these facts form the elementary truths of hygiene to-day. We commonly refer to the Mosaic writings, and recognize in their regulations governing personal cleanliness, abstinence from certain kinds of food, and the isolation of those suffering from contagious disorders a sanitary code of a high degree of excellence; and here and there in following history through the ages we obtain interesting and refreshing glimpses of customs or conditions of which we can only say in admiration: "These people were far ahead of their day. Where in the ignorance about them did they learn to do this thing?" Even to us who are here to-day it is of interest to turn aside for a moment to look back upon the best-managed households of our mothers' day. I call to mind such a household, and remember the scrupulous cleanliness of every portion of the building and out-buildings, maintained with much difficulty and without any modern conveniences, in a northern country village. I can see now how carefully all the refuse of the household was destroyed daily by burning, how milk-pails and cans and bread-tins were scalded and exposed to the sunshine and fresh air daily, and how cellars were systematically whitewashed; in preserving-time, how the jars were actually sterilized and the fruits sealed to exclude the air, literally in hot haste. I can see these procedures and many more which were first-rate measures for the prevention of disease, and yet I know that the word "bacteria" was as unknown as Sanscrit. This simply points to the fact that in carrying out the essentials of right living as they knew it, and in following religiously

the results of long observation and experience, these people were using methods upon which modern science can offer no improvement. Such instances as the above you can probably multiply at once within your minds in various ways, all showing how some of the best doctrines of hygiene were in daily practice. It would be interesting if some student fond of digging in the records of past history would gather together a number of such usages and compare them with the results of our wider knowledge of to-day. "A man's own observation, what he finds good and what he finds hurtful, is the best physic to preserve health," said a famous writer of five centuries back in his "Regimen of Health." By our own experiences from our infancy up, through our own mistakes and those of others, in the "nooks and corners" of life, we have learned, and have finally, at the present day, gathered together a goodly store of knowledge which stands by us in preventing some of the ills and injuries of life, better often than we stand by it. Valuable, however, as we must consider all such empirical knowledge, its greatest function was probably fulfilled when it had so kept us in the paths of a simple, natural way of living that our good health resisted successfully the attacks of disease. Of the nature of those diseases, of the cause, we knew absolutely nothing; from what Socrates calls the "one only evil" on earth, "namely, ignorance," we suffered in a profound degree. It is pathetic to remember how many hundreds of years the human race has wandered in that wilderness, and how the human intellect has struggled age after age to fathom some of the mysteries which surround the maladies of the race. Every age has had its theories, and we all know that the ills to which flesh is heir have been attributed in turn to spirits and demons, to witches, to original sin, and to the hand of Providence.

"I thowt twur the will o' the Lord
But Miss Annie, she säaid it wur dräains,"

says the Village Wife in Tennyson, and the verdict, "Death by the 'Visitation of God,'" in the times of the plague in England, and sometimes even to-day, shows the strength of that belief. In savage tribes such beliefs still exist, and among ancient civilizations, as we travel, we still find, purchase, and wear amulets by which the people tried to resist or pacify the demons who possessed and tormented them. You may perhaps find a survival to-day in your friend or acquaintance who carries a rabbit's foot or a bag of camphor, pins up a horse-shoe, or wears strange strings with seven knots in strange places to ward off the attacks of certain diseases or of misfortune. A study of early American history will tell all you will want to know, probably, about

witchcraft, and even since that day we have had many theories of disease, many varieties of schools and systems of medicine. Still, during all that period epidemics flourished, and until the discoveries of Pasteur and later of Koch in the latter part of the nineteenth century no real understanding of disease and its causes had been reached. It is a familiar story to all of you how one brilliant discovery followed another in the field of scientific research until the germ theory of disease was fully established, and we knew for the first time the true nature of such terrible scourges as tuberculosis, typhoid fever, diphtheria, and many other ills. The nature and cause of these diseases once known, measures in many ways for their control and prevention have been developed and established. Under the name of hygiene or sanitary science these teachings have gradually been placed within the reach of the people, and a vast amount of detailed information for the guidance of the individual and for the benefit of the community has been published. We see its results everywhere, for the modern student of hygiene views life from every stand-point: in improved laws relating to isolation, disinfection, etc.; in better water supply; in greater attention to hygienic requirements of light, air, and space in our public buildings; in improved tenement-houses; in medical inspection of schools and the introduction therein of trained nurses; in the inspection of factories; in cleaner streets; in better conditions in every way where men live and work.

The feature which has in some ways not kept pace with the others is one to which we shall now give some little consideration—the one which, in my opinion, far surpasses in importance all others singly or in combination—namely, the home. Look into a modern manual of hygiene, and you will find among the first subjects brought forward for consideration the so-called predisposing causes of disease. When looked into closely it will be found that the matters of which they treat, and in a most exhaustive fashion, are the individual and his environment. You will find that individual studied from a variety of stand-points—those of age, race, sex, occupation, heredity, and others. You will learn that certain diseases are common among some races and markedly uncommon in others. The freedom of the Jewish people from epidemics may be quoted as an instance. You will see that age predisposes to some diseases, that others belong to childhood and youth, and that certain diseases are found among people of all ages. You will also discover that women generally live longer than men. In a general way you will find out that some occupations, either in themselves or in the conditions under which they are performed, are detrimental to good health—the former, for instance, including any of those in which a good deal of dust

must be inhaled, the latter being those carried on in uncleanly, crowded, ill-ventilated workshops, which render a work not injurious in itself the cause of reduced vitality. You will come to the question of heredity, and will learn that few diseases are really inherited, yet that heredity is a strong factor among the causes of disease, and will recognize the truth of this in remembering the diseases that have appeared in successive generations of families whom you have known in much the same way that qualities of mind or certain moral infirmities have reappeared. You will hear of good heredity and bad heredity, and realize that the individual and his relations to disease are complicated matters, and in his ability to struggle successfully against it his hereditary tendencies must count. How greatly they count must be the result almost entirely of his "environment," and his environment for all practical purposes is the home in which his early training and education is received, in which hereditary tendencies that are bad may be corrected, modified, and more or less controlled. "Health in the home," said a high medical authority a few years ago, "is health everywhere; elsewhere it has no abiding place." "The real future progress of the sanitary movement rests upon the women of the country," he adds. "How vital, then, that they should have a thorough knowledge of sanitary matters." We are thus brought by slow degrees to realize, possibly for the first time, how great are our responsibilities, how great our opportunities. We women, the world over, are the guardians and makers of the homes, and shape largely the lives of all who surround us. Briefly outlined, what knowledge should we have to govern our homes aright? It is easy to answer. There is nothing concerning our homes so trivial that it may be safely left to chance. In some of its aspects—in the situation, for instance—arbitrary conditions often must govern, such as convenience of schools, convenience for the business purposes of the head of the household, cost of rentals, etc.; but if the choice is given you, the suburbs or adjoining country, where the air is free from smoke and dust, will provide you with one of the first essentials of health. The house you choose should, as you know, be on a dry soil and catch every ray of light and sunshine that can possibly be secured. Dark rooms, shaded rooms, north rooms, into which no sunshine and little light enter, are distinctly unhealthful and will depress both mental and vital activity. They may not actually cause a known disease, but they do assist in that general breaking down of health which leaves one defenceless against attacks. Women and children suffer most from dark houses, since men are out and about the greater part of the daytime. If you want a fair idea of what darkness can do, place a good, healthy, growing plant in your cellar, and watch it bleach out and become white and lifeless. If you are still

doubtful, turn to any of the authorities on hygiene. "Rooms are healthy in direct proportion to the amount of light and sunshine they admit." "A large proportion of certain kinds of bacteria are killed by the direct rays of the sun." "In laboratory experiments this is very striking, many kinds being destroyed in from one to two hours in the presence of sunlight and air," says one of our first authorities on hygiene. Many years ago a well-known scientist called attention to the influence of sunlight upon cholera, showing that the mortality on the shaded side of narrow streets was higher than on the sunny side. To my mind a most powerful argument in favor of light is that it encourages cleanliness. It shows up pitilessly dust and other materials in themselves inimical to good health, but often concealed in the dim religious light which for many years custom has sanctioned in some parts of our households. I dwell upon this because so frequently I have visited three or four houses in the course of an afternoon where I have stumbled at the threshold into a room from which all but a few rays of light were carefully excluded by the window trappings. The question of heating and ventilation follows naturally that of light, and is so important a matter that one could well consume the entire time upon this subject only. It is generally conceded that most houses in this country are kept entirely too warm, just as most houses in other countries are uncomfortably cold. The one advantage of the latter is that from very discomfort people are driven out-of-doors. It seems to me an important point in the preservation of health that there shall be an equable temperature in the various rooms of the house, drawing-room, dining-room, and bedrooms, and that there shall be no sharp variations which leave one shivering in one room and perspiring in another. A mean temperature of 65° to 66° F. in most climates is suitable for the average healthy individual. For infants, aged, and feeble people it should be kept at 70° F. You all know that the radiation of the open fire is one of the healthiest, as well as pleasantest, forms of heat. It is also one of the most extravagant. We have no time for discussion of the comparative merits of other methods of heating, but they form an important feature of a healthy household and should be carefully studied. Of ventilation or fresh air there can be no question of our need. We must have it, and plenty of it. Every hour each of us spoils for further use in breathing as much air as would be contained in a room sixteen feet long, twelve feet broad, and ten feet high. This is about what is meant by two thousand cubic feet per hour. Unless we can somehow secure this amount of fresh air we shall suffer sooner or later. In those rooms where there is no system of ventilation there should be constant attention to this matter. "Windows were made to open, doors to shut," says

Florence Nightingale in her inimitable "Notes on Nursing." Windows should be opened frequently and rooms flooded or flushed with fresh air, or there should be some of those many simple home contrivances used to bring in a constant gentle flow without draught. The windows should always be open at night, the only points to remember being the importance of keeping out of draughts. Air is quite as pure at night as in the day—I sometimes think purer in cities, owing to the fact that the cessation of traffic causes less dust. At its worst it is healthier to have the air from outside than the used-up air from the rest of the house coming in through a door or transom. "All these things," you will tell me, "have I known from my youth up," yet I may say that it is our common experience to find people who have always, when possible, slept with closed windows. They are sometimes to be found wandering in search of health about hospitals and sanatoria.

The *very first* condition of health is cleanliness, and our houses are healthy and wholesome or not in just such measure as we appreciate and live up to this fact. "Cleanliness," says Dr. Richardson, "covers the whole field of sanitary labor; it is the beginning and the end." By long and sad experience of the race we have come to understand what cleanliness really is, and to recognize any uncleanness, dust, dirt, refuse, not only as unpleasant, but as dangerous to health. The very best safeguard we know how to apply against disease, and particularly the infectious diseases, is scrupulous cleanliness of person, of food and of raiment, of milk supply, of water supply, and of everything within our gates. Few things in history are more striking than the control of disease which has been effected by this measure alone. We are bringing into our households many features which make it easier to maintain a higher degree of cleanliness, notably our hard-wood polished floors, so easy to clean, so healthful, in that they harbor no dust; in our use of tiles and painted or varnished walls, surfaces so readily cleansed; in our gradual emancipation from heavy hangings, which harbor dust; yet when we see our sisters with long dresses gathering up the unspeakable filth of the street, and know that much of that uncleanness goes straight-way into their wardrobes to be hung up in darkness, we realize that there is still room for fuller appreciation of the word. A glimpse into the kitchens and pantries and refrigerators of some extremely respectable households has only served to emphasize this view. Cleanliness in the care of food supplies and in the washing of food utensils should be as nearly perfect as we know how to make it, yet I am not clear whether *our* standards or those of our ignorant cooks and indifferent maids prevail. Indeed, the care of food materials for our household is one of paramount importance and should receive the closest attention. This

is true at all times, and doubly true when any epidemics are about. It will not be new to you that in the scrupulous cleanliness which fails to attract flies, as well as in the screens which exclude them, we may be doing what we can to prevent typhoid fever. To prevent this, also, we will boil and filter the drinking water, investigate closely our milk supply, and quite as closely our ice supply.

The agency of flies in carrying disease has of recent years become fairly well known, and window-screens now may be regarded as a necessity in a healthy household. Their use is twofold, in that they exclude mosquitoes as well as flies, and, together with nets, serve as a simple measure for the prevention of malaria.

The utility of vaccination in preventing smallpox, and the attitude of a certain portion of the human race towards it, forms one of the most interesting and remarkable chapters in the history of mankind. In all the long warfare with disease this is the most powerful measure of prevention that has ever been discovered. Smallpox is one of the most contagious of all diseases, and one of the most to be dreaded. It is an old disease. It appeared in the sixth century, and probably earlier, and continued on through the centuries until it grew to such dimensions that a Continental writer in 1546 says, "Everybody has smallpox sooner or later." It is still with us, and positively the *only* thing we *can* do to prevent it is vaccination. Of the efficacy of this measure overwhelmingly convincing evidence surrounds us on every hand. In those places where it is carried out to its fullest extent smallpox is practically extinguished. The measure has a peculiar interest for women in that the inoculation which led to it came early in the eighteenth century to the western civilizations through the keenly observing and intrepid Lady Mary Montagu.

We have everywhere among us to-day an evil almost as terrible and far more widely prevalent than the awful pestilences of other days. Tuberculosis is always with us, and everywhere among us. Few of us have not lost through it someone dear to us. In this country one may say that one hundred and fifty thousand people die annually of some form of tuberculosis, while throughout Europe the annual death-roll is estimated at one million. In New York alone, said Dr. Herman Biggs, about nine thousand new cases occur annually. No epidemic of the past exceeded in importance and magnitude the tuberculous diseases to-day, but where our forefathers groped blindly in ignorance, we are armed with a full knowledge of its causes and of methods by which it may be controlled or prevented. "In its most important aspects," says Dr. Osler, "the problem of tuberculosis is a home problem," and its "battle-field is not in hospitals nor in sanatoria, but in homes where it is born

and bred." "Ninety-eight per cent. of the patients who have it must be treated in their homes." I know few things more striking than the measures dictated by modern science for this purpose. Hear them! Abundant fresh air and sunshine daily and fresh air at night, nourishing food in abundance,—milk, eggs, meat, etc.,—rest, and courage. This is all. With tuberculosis everywhere about, there are few of us, probably, who have not come in contact with it, and few who have not been in some small way infected by it. Why we do not all die of it is because, through a good inheritance or through well-ordered lives, we are placed in favorable conditions to resist it. The very points which we have considered so carefully in our houses—light, air, *sunshine*, for it destroys germs; cleanliness, for dust carries them; and of everything: of food, for flies and dust infect it; of drink, for much of the water is already infected; of raiment and surroundings—are here seen to be *vital* to healthy life. Even this most dreadful of diseases makes little headway when it attacks an individual fortified by a wholesome environment, and the whole treatment of it, when present, is, we perceive, almost confined simply to an excess of the same measures. As I said before, this paper is not to suggest details of treatment or care, which are the province of the physician only, but to consider in the widest possible sense where the home stands in its relation to the manifold maladies of the day. Now, we may be spotlessly clean in every detail of life, ourselves and our homes may be irreproachable, hygiene and sanitation may triumph in every particular, yet our efforts to keep our households free from the invasion of disease may be marked by many conspicuous failures. In the transition from the older days, when the industries of the household were carried on there under the watchful eye of the mistress, to the more complicated urban life of the day, we have reached a stage where very many of these industries are taken out and carried on elsewhere. Under what conditions these are maintained of some instances we know something, of the majority we are astonishingly ignorant. How many of those, for instance, who have private laundresses know anything of the households in which that work is done; yet nothing could touch our persons much more closely. If we purchase food supplies, bread, pastry, ice-cream, have we ever thought it worth while or any part of our duty to know that they are made under sanitary conditions or even with a moderate degree of cleanliness?

The work of that very valuable society, the Consumers' League, shows only too plainly for the peace of mind of many of us the truly horrible conditions under which many of the garments which we wear are made. The story of the sweat-shops is another hard page in the history of man's inhumanity to man. The chain of health is no stronger than its weakest

link, and if our preventive measures begin and end with our own homes, if we do not help to carry them into the homes of others,—ignorant, because they have no way of learning what we know; helpless, because of the relentless oppression of poverty,—we can only compare ourselves to the one of old who proclaimed that he fasted twice in the day, yet did not go down to his house justified. He was of those who bind burdens grievous to bear upon the shoulders of others. The voices of all those who work in the midst of our poorer brothers proclaim that their ignorance and poverty make their homes and surroundings a menace to the community, a channel through which runs a never-ending stream of possible infection into the households of the well-to-do. The district nurse in her visits may find the small child sick with scarlet fever carefully covered with the garment in the process of making, which may later find itself on the person and conveying the disease to the healthiest child we know. She will discover typhoid fever in many houses where not one single precaution is taken or known which will prevent scattering broadcast the seeds of disease. She will find women with tuberculosis working at many industries which affect us in our homes—the making of children's dresses, for instance, at thirty-five cents a dozen, a fair average price for some kinds of work. The reports of the Consumers' League tell us definitely of finding smallpox in tenement-houses where clothing was being made—and tenements are the *homes* of the poor. It may be beyond our power to go to any large extent directly and deeply into this question of the housing of the poor, and their lives and occupations and troubles, but it is nevertheless somewhat our concern. We can always by our financial and moral support give authority and power which will sustain other workers in their efforts here. Those workers willing to give time, thought, and energy to various forms of social work and reform should be helped and multiplied in every possible way. We need more settlements, more neighborhood workers, and many more members of that useful body of trained women to which I have the honor to belong placed on our forces of district nurses, either as special or general workers. Nor should our interest stop here; the cleanliness of the streets, the disposal of refuse, the condition of the schools and their medical inspection are distinctly our affairs. Call these matters public hygiene if you will, they are in a sense tributary to the home and cannot be separated from it; and again the eternal and complete interdependence of individual and environment is seen. You will note that I have left entirely out of the question, so far, any detailed reference to the upbringing of children, but that is not because I have not a few things to say. Probably in no matters relating to health have there been greater advances of late years than in

knowledge of how to bring up infants and children. The question of infant feeding alone has a large literature and occupies the entire time and thought of many of our best scientific workers. It has resulted in a marked reduction in infant mortality. There is scarcely a feature of child life, and especially of child education, which is not receiving the attention of the best minds of the country. In many ways this is eminently desirable, and the results can be nothing but good. In others there is a tendency so obvious, so common, and marked by such a degree of danger that I would ill fulfil my duty in neglecting it. Plainly speaking, this tendency is to assist in the development of what may be called nerves in the nursery. The child who is, and knows that he is, at once the centre and circumference of the family circle, whose every sensation and emotion and act is an event to be dwelt and enlarged upon, is in a pretty sure way later on in life to be caught in some form of nervous disorder. Anything which magnifies a child's importance in the family is tolerably sure to set him at odds later with the facts of life. The parents who make a habit of sacrificing themselves to their children are really deliberately training them in habits of selfishness, habits which the same process will bring about even in adults. The Jesuits always say, give me a child in the first few years of his life, and I don't care who has him afterwards. In this day of many pleasures into which children are led, of duties into which they are pushed, it becomes doubly necessary to stop and consider "Man in the making."

There is but one way by which a child can be truly rendered strong, ready, able, and unafraid for the battle of life before him, and that is by a steadier, wiser discipline than is now generally exercised. The child who can stand a little disappointment, who may perhaps be reproved occasionally without a childish attack of something closely resembling hysteria, the one who obeys without teasing, dawdling, or whimpering, is fortifying himself somewhat against future failure, future loss of grip on life. If some youngster nowadays does not seem interested in his studies or inclined to do anything which may be called work, the chances are that after a time we will in all likelihood take him out of school and consult a nerve specialist, instead of calling his trouble good old-fashioned idleness and administering the old-fashioned, much-neglected spanking. Follow such children on through the years, and unless some wholesome, gently hardening measures and influences can be brought to bear, one may be tolerably certain of finding them wandering about from hospital to sanitarium, suffering from some one of the varieties of nerve disorders. For every ache or ailment, no matter how caused or how trivial, they have hurried promptly for some panacea. Patent medicines of all sorts, the sedatives especially, have

been commonly resorted to. It takes all the effort that their professional brothers and sisters know how to muster to so encompass their lives for a time as to bring them back to even moderate health, and often this cannot be done. But probably it might have been prevented, and by simple means.

In summing the matter up, it seems as if life and health were given us as a trust, and we cannot but be answerable for their proper use: answerable to our families, if by any known available means we can prevent ourselves from becoming either useless or burdensome; answerable to society, if through any neglect or indifference of ours we fail to take our share in the work of life about us. It is a distinct injury to society when we cease to do our own work, and we become still more injurious when, for any reason, we cause others to care for us.

PNEUMONIA

BY ELIZABETH CAMPBELL GORDON

Graduate Toronto General Hospital; Superintendent Emergency Hospital,
Toronto, Canada

(Concluded from page 827)

THE NURSING OF PNEUMONIA.

HYGIENIC surroundings are of the greatest importance in the nursing of pneumonia. The room, the bed, the person, and the clothing of the patient cannot be too carefully considered. When it is possible, have a room with a fireplace and a southern exposure. Fresh air and sunshine are vital necessities. In no other disease is oxygen a more life-sustaining quantity. Remove all the curtains, pictures, unnecessary furniture, and bric-a-brac: pneumonia is a febrile disease and "patterned things" are a serious annoyance and detriment to the patient.

Provide two screens, one to obstruct the draught from the window and the other the draught from the door. It may be necessary to provide a double screen for the window, or to throw a cotton sheet or cotton spread over the single screen to prevent the air blowing directly upon the patient should the wind be strong enough to go through the single screen.

In the *lobar* or *frank pneumonia* admit the air freely to avoid pleuritic complications by guarding against a chill. In lobar pneumonia keep the temperature of the room at sixty-five to sixty-eight degrees.

When *crisis* or *lysis* has taken place and the lung still remains in an *unresolved condition* the patient may be kept entirely in the open air irrespective of temperature. Remove the windows or raise them to their greatest height, and the patient may be placed in a sheltered corner of a veranda or in a tent.

In *bronchial pneumonia* close the window at night and on a dull or cold day. Admit the fresh air warmed from another room, and keep moist at a temperature not less than seventy degrees. We cannot too strongly emphasize that the slightest irritation of chill air will induce a paroxysm of coughing.

It is better at all times to create a draught in the fireplace. Should the weather permit, keep up a constant fire; otherwise a lighted lamp or a single gas-burner will cause sufficient draught for better ventilation purposes.

Clothe the patient in a light flannel night-shirt, even when the bodily temperature is at the greatest height. Have the shirt arranged so that it can be removed without disturbing the patient, and change twice a day and as often as is necessary for sweating. Have the bed-clothing light and warm: a flannelette sheet is better than a cotton sheet. When the temperature is high and the patient restless with fever and delirium, a cradle over the bed from which is suspended small pails of ice may prove grateful and induce sleep and rest. But the daily soap-and-water bath and the frequent sponging must never be neglected. "Bear in mind that the cleansing of the skin induces perspiration, assists desquamation, keeps the pores open, and thus aids the absorption of oxygen as well as the escape of poisonous excretions. Let the skin as well as the lungs act as an oxygen medium." (Gordon, "AMERICAN JOURNAL OF NURSING.")

In the *bronchial pneumonia* give the warm bath and if required a tepid sponge. In *lobar pneumonia* give a warm soap-and-water bath once a day, but the colder the sponge, as a rule, the more grateful to the patient. Frequently a mere streaming of cold water over the hands and arms will quiet restlessness.

For the *dyspnœa* raise the head and shoulders, taking care in so doing to throw the chest forward; on no account must the chest be in a cramped position. Have the patient sitting in a rubber ring, place a pillow under the knees, and elevate the foot of the bed slightly to prevent the patient sliding downward.

If the patient lies on the affected side, support the side with a firm pillow. In *lobar pneumonia* do not in any way confine the chest, and encourage the patient to breathe in all the pure air he can; but where there is intense pain from a traumatic cause or a pleuritic complication

a snug binder reaching from the axillæ to the lower end of the sternum will give great assistance, especially during a paroxysm of coughing.

Attend carefully to the nose, mouth, and gums. It may be necessary to spray the nose and wash the mouth several times a day, but be sure that you keep the air-passages free from obstruction and uncleanliness, otherwise respiration will be hindered and the oxygen contaminated before it reaches the lungs.

It is better to use an alkaline mouth-wash; and for the *tenacious sputum*, which frequently causes the patient so much exhaustion and distress, allow him to swallow a teaspoonful of *hot glycerine and soda bicarbonate*, or use a warm alkaline spray such as ten grains soda bicarbonate, five grains chloride of ammonium, one ounce glycerine, and one ounce water. (Burney Yeo.)

If warm applications be ordered, let the poultice be light, hot, and changed frequently, and be careful that the binder which keeps the poultice in place does not retard respiration. Bathe the chest twice a day with soap and water and give the warm alcohol rub unless there is an eruption of small pimples, in which case dust with talcum or pulverized boracic powder. An ice-bag over the heart lowers the arterial tension, may quiet restlessness, and bring down the temperature; fill the ice-bag lightly and frequently, however, and take care to avoid any weight upon the heart.

Guard against heart exertion, allow little speaking, save the patient's strength, and keep free from all excitement. Remember that heart failure and suffocation are the two most frequent causes of death. As the lung becomes consolidated a greater amount of work will be thrown upon the heart. Watch the pulse and respiration. Count the pulse with the arm lying upon the bed and also in the upright or horizontal position. When the arm lies below the heart level you get the force of gravitation and cannot test the exact strength of the heart-action, but when the arm is raised above or in a direct line with the heart you then get the true force of the beat. It is well to always watch that there is no difference in the strength of the heart and the pulse. As we before mentioned, immediately the pulse does not seem to be in proportion to the movements of the heart—a small pulse and a heart that seems to be beating strongly being indications of serious pulmonary obstruction and possibly of commencing failure of the right heart, and denote that the right heart must be strengthened as much as possible—we again repeat there is immediate necessity of notifying the physician. In taking the temperature never ask the patient to waste his strength by holding the thermometer in the mouth. Always take the temperature by the axilla or rectum.

The *diet* must be liquid, and it is better to give frequently and in moderate quantities. Always rinse or wash the mouth after milk, egg, or broth diet, thus preventing the fermentation of particles of food left in the mouth. Do not give the milk pure, but dilute with an alkaline water. Sometimes a drink of hot milk and soda-water will allay the irritation of the cough. (Burney Yeo.) Give water freely and lemonade if desired, and when the patient is delirious give water at fixed intervals. All nourishment and stimulant must be taken slowly. To put a glass to a patient's mouth and allow him to drink even two ounces without rest will retard the rapid respiration and is certain to excite cough.

Consider every case of pneumonia as infectious, but more especially in the epidemic form. Burn the sputa or destroy with a powerful germicide. Do not use handkerchiefs, but rather old linen or butter-cloth, which can be burned at once. Keep the dishes separate and cleanse them by boiling, with soda bicarbonate in the water. In sweeping the room gather the dust with a broom wet in a strong solution of carbolic acid; wipe the furniture with a wet cloth wrung out of carbolic or formalin solution, and carbolize the towels, bed-linen, and patient's clothing.

In handling the patient take great care to avoid the breath, and warn other members of the household to do so. Carefully cleanse your own mouth with an aseptic tooth-paste or wash; remember that the pneumococcus lurks in the mouth of twenty per cent. of all healthy people.

On the recovery or death of the patient have the room, furniture, and clothing at once disinfected and cleansed as you would after the recovery or death from any other infectious disease. With these precautions we may do something to prevent the terrible progress and ravages of pneumonia.

THE SCIENCE OF THE BREATH

BY ISOLETTE JEFFERSON

Philadelphia, Pa.

THE average man uses about one-third, the average woman about one-fifth, of the lung capacity. Children cultivate many bad habits of sitting, walking, standing, and sleeping which are the result of imperfect lung action. Is it not time to revive the almost lost art of correct breathing?

Like the Eastern man who went to California, and when asked

what kind of orange he preferred replied, "Why, I thought an orange was an orange," most people think that breathing is just breathing, and many will not be told that they do not know how to breathe. The evolutionary process through which we go to become convinced of our ignorance may be long or short, but it is the proverbial beginning of wisdom. Open your eyes and observe the contracted chests, humped shoulders, and slumped abdomens all about you. Do these exist because of weak lungs? No! People have weak and diseased lungs because they hump and sink and slump—in other words, because they do not breathe properly. We have gone too far in wrongly assigning the cause to the result, instead of vice versa.

We have long been vaguely aware that fresh air and deep breathing are important, but are just beginning to awaken to their true meaning. It is one thing to talk and write about these essentials in a general way, it is another to set about teaching them comprehensively. The doctor can say, "Now, take deep breaths and plenty of fresh air;" he seldom does more than *say* it, and really has not time for more, and the patient promptly forgets all about it, or, if he tries to follow directions, does so in a most ineffectual way. It comes within the province of the nurse to show patients painstakingly *how* to take the breaths and so how to appropriate the pure air. To do this she must first perfect herself in the science and be able to say, "I have done this and know that it can be done," not, "Go, do this," but, "Come, I will show you how." A few advanced teachers have already engaged in this interesting occupation, and are finding most gratifying response from those who appreciate it, as well as hearty coöperation from many of the medical profession.

You think it is a simple thing. It is. And, listen! The greatest things in the world are the simplest. When we hear of any new discovery and invention we wonder why someone has not thought of it before, it seems so obvious. The wonder is why we do not use our powers and organs to their fullest, instead of stupefying and contracting them, or developing a part and allowing the rest to atrophy. But this "science of the breath" is not new. It was the secret of the prophets, was taught in Greece before our era, was practised by the apostles, and has been kept alive by the discerning few of all times and nations. To us it comes from the mystics of the older civilization, and by us it must be made practical and useful. The afflicted of mind and body are waiting for it. The profession of healing is resorting to it more and more every day. It is not a fad, nor is it formidable. Just what it means is the process of appropriating the air we need, coupled with proper bodily development and the right mental attitude. Simple? Yes, and fearfully and wonderfully complex.

All reasoners acknowledge that *thought* rules everything. Then surely it rules our individual bodies. So there is the problem of metaphysics—a word, by the way, not generally understood. A good many people shy at it because they think it implies things too deep and abstruse for the average mind—things curious and uncanny, even. Its simple definition is, “the study of mental phenomena.” Nothing appears materially until it has first been conceived in thought form. How and what we think, then, determines how and what we produce, whether the work of our hands or of unseen forces manifesting in our bodies. To make a systematic study of our thought power, therefore, is the most thorough and lucid method of governing our results, of assuring success, and of analyzing failure. Applying our conclusions to the everyday, practical things of life is applied metaphysics.

May we govern our health, our business, and our pleasure? Beyond all doubt, in just the proportion that we truly govern our thoughts and achieve all-round self-control. Concentration of thought and will-power form the touchstone. Control of the breath is the keynote.

Now, *strong* souls have *wills*, *weak* ones have only *wishes*. Shall we *wish*, or shall we *will* to be well and clean and whole and strong? Since the body is made out of the blood, and as the blood is composed of the oxygen we breathe and the food we eat, influenced by the mental habit, why not learn *how* to breathe and eat and think correctly? In this trinity lies the solution of all our difficulties, the remedy for all our ills. We may not yet have evolved to where we can apply it so completely, but therein lies our salvation. And sometime we shall come into our birthright.

A large proportion of people are coming to realize that there is a practicable road to health not paved with drugs and policed by doctors. Is this heresy? Not a bit of it. Many of the most able physicians are recognizing the futility of drugs and applying the higher methods of suggestive therapeutics. For instance, it is scientifically demonstrated that passion materially affects the chemical condition of the blood. Experiments have proven that fear, hate, anger, melancholy, generate poisons in the tissues, which are clearly distinguishable, and these devitalize, destroy, and incapacitate. Professor Gates, of the Smithsonian Institution, says:

“My experiments show that irascible, malevolent, and depressing emotions generate in the system injurious compounds, some extremely poisonous; also that agreeable, happy emotions generate chemical compounds of meritorious value which stimulate the cells to manufacture energy.”

Thus are the most scientific and capable practitioners arriving at diagnosis in the relation between the mental and the physical, or the

Law of Correspondence. Then by analogy we may conclude that since *wrong* thinking creates disease, *right* thinking can prevent and cure it, and a healthful attitude of mind can maintain a corresponding condition of physique. The most advanced and skilful doctor gives the least medicine, and studies and regulates with minute care the mental and moral influences of his patient.

We read of continued effort, fresh conviction, and new discoveries along this line of breathing in all the leading journals. Concerning the alarmingly prevalent scourge of all peoples, the burden of white men and black,—pulmonary tuberculosis,—a recent article in the *Scientific American* says:

“All efforts to cure the disease by drugs have utterly failed, and it is now admitted that the only thing to be done is to give the patient plenty of fresh air, and adopt strict sanitary measures. As pulmonary tuberculosis is due to imperfect development or unhealthy condition of the lungs, why not make all children and others immune by teaching them how to *breathe properly*, thus developing every part of the lungs, and making it impossible for the bacilli to live there? Small or unused lung capacity means low vitality. It would be impossible for a person to contract consumption who completely filled the air-cells of the lungs with pure air. In the incipient stages of the disease *breathing exercises* will assist greatly in effecting a cure.”

And, again, he says: “Common nervous breakdown would seldom occur if the lungs were used as nature intended them to be.”

By scientific, controlled breathing shall we gain immunity from consumption, as well as many other ills, and this opens a new line of work for nurses. Instead of devoting all their time and strength to slavishly waiting on the sick, and in many cases increasing their helplessness, they can teach them how to *make* and *keep themselves* well. This does not mean in any way an infringement upon the doctors' province, nor does it mean the ignorant and emotional practice of mystic rites, but what can be made the intelligent, useful application of practical knowledge and systematized movements, with a comprehension of some of the forces beyond the physical or material plane.

A few nurses are already in this field of endeavor and are achieving marked success. They are engaged in working out their own salvation of mind and body, and adding a new dignity to the profession, while lending a hand to the world's work of saving souls and uplifting humanity by healing the minds and correcting the bodies.

CONVALESCENT NURSING

By BERTHA M. SMITH

Graduate Rochester Homœopathic Hospital, N. Y.

WHILE many training-schools for nurses are making changes in their practical and theoretical work to meet the requirements of the State Board for Registration, it may be an opportune time to suggest that a little special training given pupil nurses in a most trying branch of their work, the convalescent period, would make the average nurse more valuable to the patient during a long convalescence. Some pupils fit into this work with great ease, their "social instincts," as a friend terms the art of entertaining, having been well developed. Others find it most difficult, and are thoughtless of so many little things which might add to the patient's comfort. Each personality demands a different form of entertainment, and the nurse must adapt herself to the idiosyncrasies of the patient and the family as well. In outline she is told this while in training-school, but has no opportunity to practise this adapting and developing of herself in this branch of her work.

If two hours daily for a few weeks could be devoted to the study of the patient's needs, entertaining one or more patients during that time, with special instruction from experienced nurses, it would be of great value to the pupil. There is no part of our work to which we give so little thought as to the care of the convalescent in our hospitals. We are glad to allow any one of the family or the other patients to do the entertaining, and how often do we find them exhausted at night, having been too much entertained by some friend. The familiar complaint which comes from all hospitals is of the lack of the little thoughtful attentions usually omitted as soon as they are out of bed. Do we not deserve some of the criticisms for lack of interest as soon as the diseased condition is improved? The nurse in private practice comes in for a full share of criticism, although there is not the hospital excuse of no time, rather there is too much time and too little real nursing, as we think, for it is much less interesting, our training not having been along the line of developing talent for this part of our work. The nursing at this period of illness is often fully as important as at the acute stage, the rapid gain in strength depending upon the patient's being kept contented and happy, and at the same time not allowed to overdo and cause a relapse of more or less severity. The true mothering and sympathy judiciously used will help the wornout mind to regain tone as well as the bodily strength to return.

A wise physician stated that a valuable part of a nurse's education should be at least two-weeks' illness, so that she might know the patient's side of her work and learn from experience; it might be well to add the same length of time for convalescence to prepare her for some of the hard places she is sure to find in her private practice.

A recent experience puts me in sympathy with the nurse who said she would do anything rather than push an invalid in a wheel-chair. Society women as patients are apt to forget that the nurse is not a ladies' maid and order her about accordingly. Doubtless we have all served at fitting dresses much too large after an illness, sewed on buttons, arranged clothing in trunks and closets, and done countless other little things not mentioned in our hospital training as belonging to the duties of a skilled nurse, performing the service with dignity as a part of adapting one's self to the situation. There appears to be no doubt that hairdressing in all its branches is necessary to a nurse's education, also the proper care of the hands and nails, yet we are oft-times made to feel a hatred for this part of the work by the patient's attitude.

Convalescence following many weeks of precise nursing, through several unlooked-for complications, a worn-out heart, and digestive disturbances, is a tedious process. Add to this a personality in no way naturally congenial to the nurse, a patient rebellious at the slow recovery of strength and return to society, strong prejudices against being dictated to by physician or nurse, irritable towards family, servants, and nurse, absorption in self, resulting in part from a long illness, a nervous system easily disturbed, affecting the heart and digestion—and you will all agree with me that the nurse is taxed to the utmost limit of tact and patience, self-command and inventiveness, being worn out when convalescence began. What nurse does not rejoice in difficult work carried on with success and a patient on the road to recovery? Looking back to the days of the patient's struggle for life helps us to be more patient during convalescence.

During the acute stages of illness the family are willing to carry out any requirement for the good of the patient and nurse and realize the need of rest for the nurse. Once their anxiety is relieved by the patient's improved condition, the nurse's requirements are quite forgotten; they overlook her need of more than four-hours' rest on an uncomfortable couch, and give her to understand by manner or words that it is a great favor to her that they are giving up their social pleasures to relieve her for an hour's daily walk, and that she should be glad to have that opportunity even after eight o'clock at night. Consequently the nurse breaks down in spirits if not in health. May we not pardon her if she

becomes dull and forgets all she ever thought she knew about entertaining and diverting a patient's mind, not having been able to gain a fresh view away from one personality during fifteen weeks?

Fortunately, we do not meet all these difficulties on one case very often, or many would be tempted to give up their chosen work. People wonder, even doctors, why nurses lose interest in the patient during convalescence and do not care for long cases. A nurse having a well-established practice wrote me that she was worn to a shred adapting herself to people. Is not that the secret of success, adapting one's self to patient and family? Here is where the personality of the woman counts for more than the skill as a nurse, though both are needed. We hear more unfavorable comments on the personality of the woman than lack of skill as a nurse. Many nurses of a few years' experience might add to the list of trials to which I have called attention, hoping that preparation may be given coming nurses to meet these conditions.

A MODERN ITALIAN HOSPITAL

By ELLEN N. LA MOTTE

Graduate of the Johns Hopkins Hospital

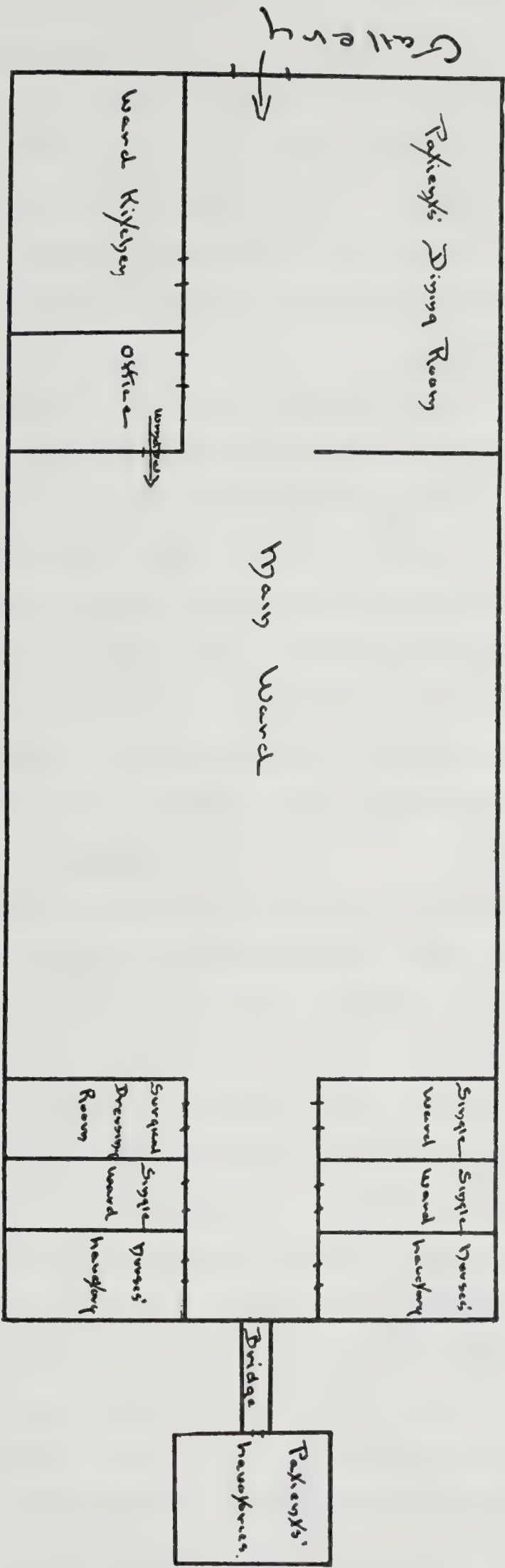
ABOUT fifteen years ago the Duchess of Galliera, an Italian lady of high rank, great wealth, and still greater philanthropy, founded and presented to the city of Genoa a hospital called the Hospital of St. Andrew, though its official name has been dropped by the grateful Genoese, who speak of it simply as the Galliera Hospital, in recognition of its founder. This institution, in point of construction, equipment, and architectural beauty, deserves to rank as one of the finest of its kind to be found in any country, and the people of Italy are justly proud of it.

It is built in the newer part of the town, and the situation leaves nothing to be desired, standing as it does on a high hill from which a splendid view of sea and harbor is obtained, and with nothing to interfere with the fresh wind as it blows in from the Mediterranean. It stands in its own grounds, and it is constructed on the pavilion plan, so that the ground space occupied by it is considerable, and gives one the impression of great size and the apparent capacity of at least three times the number of patients that it can in reality accommodate, which is rather small, having only about three hundred. The first sight of it is imposing; it stands back from the street, and the façade, built in a slight curve, is about three blocks in length and composed entirely

of white marble. From end to end of this main front run two elaborate marble galleries, one above the other, and the various wards, above and below, open on to them. The ward buildings or pavilions were not visible from the street, as they were at the back of this main building, to which they each joined at right angles. There were eight of these pavilions, each two stories high and containing two wards, an upper and a lower, the latter being in all cases reserved for the male patients. There were then sixteen wards, but only thirteen of them were in use, the other three, completely equipped, were kept ready for use in case of any great public calamity, such as war or pestilence.

The construction of each ward was alike in every particular, and was simple and enormously convenient, and as handsome as the lavish use of white marble could make it. On entering from the gallery, which was the only entrance in each case, one came at once into the patients' dining-room, a large, cheerful room with a big marble table built solidly into the middle of the floor, and surrounded by stationary iron benches. As we entered the ward the patients' supper was prepared and ready for them. At each place were two hard-boiled eggs and olive oil, half a pint of red wine, a stewed pear, and a roll. The sight of the first two things gave us the start of surprise that usually follows any sudden broadening of one's horizon. The diet kitchen was to the right of the dining-room, in all respects so like those of most hospitals as to be of little interest, and contained the usual gas-stove apparatus, dumb-waiter, etc., that usually forms part of their equipment. Beyond the kitchen and between it and the ward proper was the office of the sister in charge, a little room comfortably fitted up, and containing, besides a writing-table, a large medicine-closet, the use of which we did not quite see, as in all our progress through the hospital we never once, by any chance, saw a dose of any sort being given to a patient. This may have been a coincidence—probably it was,—nevertheless, it was an observation we had made in every other Italian hospital we had visited, and the fact struck us again here in the Galliera. Taking temperature too was to us an unseen performance—fancy the hours of eight, twelve, and four allowed to pass without the stress of “medicines and temperatures”! The thing that struck us most, however, in this little office was a small but neatly curtained window that looked directly into the main ward, and from which a splendid but guarded view of all that happened there might be obtained. One could imagine the glances that might be fired through this little port-hole—also having to work with such a veiled, omniscient eye fixed constantly upon one!

The main ward, containing about twenty-four beds, was large, bright, and airy, well heated, and ventilated by means of little, grated



ROUGH PLAN OF WARDS OF EACH PAVILION OF THE GALLIERA HOSPITAL, GENOA

openings in the wall a few inches above floor level, and by other openings, somewhat larger, just below the ceilings. There were no screens nor wheel-chairs visible, and in the male wards all the patients wore round white cotton nightcaps with a tassel on top, the effect being rather nice. As we passed along, all the up patients stood at attention at the foot of their beds, and this bit of courtesy was required of them each time a doctor or a visitor entered the ward. Quiet and order were everywhere apparent—our entrance, however unexpected, never seemed to interrupt a song or to be a burden in any way. The sisters certainly manage well!

The main ward terminated by a narrow passage, on each side of which were three rooms; the two on the opposite sides and most distant from the ward were the lavatories for the attendants. The other rooms were small, and held one or two beds apiece for the use of either very ill patients or for those able to pay for a little extra attention. On the surgical wards, however, one of these little rooms was always used for a dressing-room in which all the daily dressings were done, even the bed patients being brought hither unless they were positively too ill to be moved. Each dressing-room had its own sterilizer, surgical carriage, cupboard for basins, bandages, etc., and on the gynæcological wards, besides the examining-table, there was an overhead row of large, brass-bound jars with rubber tubes attached, containing solutions for all the various kinds of douches, irrigations, etc., that might be needed. The great convenience and comfort, as well as the great economy of time and labor, in having such a room attached to each surgical ward is a fact that is too obvious to even require comment. The bathrooms and lavatories for the patients were not included in the ward building itself, but were placed in a separate little building, rising like a brick tower about ten feet back of each pavilion, and connected with the wards therein by means of small, glass-enclosed bridges. Access to them by means of these bridges was extremely simple, and their isolation completely prevented the chance of any odors from them being noticed in the wards.

The whole hospital, in every detail, seemed to be equipped with every labor-saving device that could be conceived of, and everything about it was arranged with system and mechanical detail that seemed to be most admirable. Beneath the lower of the two galleries that ran from end to end of the front of the building there were two corridors that likewise ran the full length of it. One of these, the lower corridor, was completely underground and contained all the heating, water, and lighting apparatus that was necessary to supply the various wards; the other, or upper, corridor was above it, and lighted by windows partially below the ground level. This corridor connected at intervals

along its length with the kitchen, pharmacy, and supply-rooms of various kinds, and the elevator of each ward opened on it. These ward elevators were also large enough for carrying patients, and when not in such use they made delivery of the daily ward supplies, such as drugs, food, linen, etc., a matter of delightfully easy accomplishment. The cars for carrying linen to and from the laundry ran on little iron tracks along this corridor, which seemed to be the main artery of the hospital, and we then followed up the tracks to the laundry itself, which is a separate building in another part of the grounds. All the machinery in it is modern; the large sterilizer for mattresses, etc., was here, and we were shown a most simple but excellent device used on all the wards for the purpose of keeping the infected linen of isolated patients separate and distinct from the general wash. This consisted simply of a large bag made of heavy brown canvas with a tightly buttoned cover, the whole thing, both in size and shape, looking for all the world like one of our United States Mail pouches. During the day the soiled linen was put in it, and every morning the bag was taken down to the laundry and its contents were there washed separately.

A mattress-making department was another feature of the institution, as, indeed, it seems to be of most of the hospitals over here, which is possibly a necessity, owing to the fact that the mattresses, when not made of wool, are made of either straw or seaweed and therefore lose their shape and become uncomfortable very rapidly. At the Galliera hospital all the mattresses were of wool, and covered with heavy white muslin instead of our more familiar striped ticking; these covers were washed and they were remade one after another from the different wards as fast as it could be accomplished. In the case of those that had been sterilized, or for any reason required immediate doing up, the usual routine was set aside and such mattresses were given precedence.

The nursing done in this hospital is on a higher plane than that of, possibly, any other Italian hospital in charge of nuns, as this is. The positions these sisters occupy is much like that of a head nurse over her particular ward or department; they look after the ward supplies and requirements, and see that the work for the patients is done, but they take no part in it themselves—their duties are practically those of an overseer. The actual nursing care of the patients, if it can be called nursing care, since our meaning of the words has acquired such a broad significance, is done by men and women of the lower classes, who are called *Infirmarists*. On the male wards the care is given by men *Infirmarists*, on the women's wards, by women, and their pay ranges from twenty-five to thirty lira (five dollars to six dollars) a month. But just here lies the difference that is to be found between these nursing servants and those of most other Italian hospitals—here

in the Galliera there is some slight premium placed upon intelligence, and some slight effort is being made to teach them the rudiments of practical nursing. It is true, there is no promotion beyond that which comes when the highest point of wage-earning is reached, so that the saying, "Fortune is the measure of intelligence," might here find practical application, but all the same there is some effort made to educate and recognize personal ability. There are classes of instruction given to the Infirmarists by the doctors—on nursing subjects mostly, as far as we could learn, and with just enough anatomy thrown in to make such instructions have a practical bearing. We saw the room where these lectures (they are not classes in our sense of the word) were given; it was a tidy little room, containing about a dozen chairs, and all four walls covered with shelves full of pathological specimens in jars. By means of these lectures the Infirmarists were taught how to do various forms of treatment, which otherwise would be left for the doctor himself to do, so that perhaps the motives that inspire such instruction are not wholly unselfish, but, nevertheless, it is a recognition on the physician's part of a requirement for nursing skill and efficiency that has hitherto never been felt. It is a beginning step in the right direction, and a voluntary one at that.

After her admission to the hospital the Infirmarist must spend six months in the kitchen learning to cook; then she goes to the wards and to class, and she must go to class always after that until she learns enough to be allowed to stop. Some of them have been going for a long time, while some newcomers, possessed of more capacity, are excused after a few months' attendance: some of the Infirmarists, we heard, after being in the hospital only a very short time, a few weeks in some cases, are by reason of their ability promoted to the maximum salary, while there are several instances of those who have been in the hospital for fifteen years, or ever since its foundation, and who are only receiving the lowest, that is, twenty-five lira (five dollars) a month. These unfortunates must *always* go to class!

In the wards too the women nurses wear a sort of uniform of gingham; they also wear white muslin caps, from the back of which float two white strings about two inches wide and about a yard long. The condition in which they keep the wards was above reproach—the brass and glass and instruments fairly shone with polishing, and the patients themselves all seemed comfortable and at least looked clean. It seemed, indeed, as if in this, said to be the most modern and progressive hospital in Italy, where medical service and surgical technique are outclassed by none, that the day will soon come when the nursing standards will be on a par with the beautiful mechanical equipment which make it one of the finest institutions on the Continent.

CUBA: A SKETCH

BY M. EUGÉNIE HIBBARD

(Concluded from page 846)

THE women of Cuba, with whom so much of our interest naturally lies, are like the variable lights and shadows of the island itself (the land of contrasts and contradictions), and exhibit under personal scrutiny many admirable qualities. They are affectionate, with a love for kindred and friends almost pathetic, are anxious to stand well in your estimation, which they highly prize. They are too easily moulded to receive lasting impressions and are very susceptible to varying influences. They perform their duties gracefully and gently and with dignified slowness and never allow themselves to be flustered by "hurry," but are extremely emotional and hysterical. This is but the natural consequence of the effect upon their susceptible natures of the great strain to which they have been subjected during the closing years of eighteen hundred.

The "señoritas" (young women) when young are very attractive and often beautiful, and even those we know *are not* appear so. They seldom, if ever, appear on the streets unaccompanied and are always well and carefully dressed (though often very untidy *en casa**). Bright colors, with flowers and ornaments, are indispensable to them. They possess a poise of carriage graceful and inclined to haughtiness and a deceptive unconsciousness of manner, based on a super-consciousness of self, personal pride, and satisfaction in their appearance. These may be called distinctive signs of the *race*, and are not confined to the sex.

Compare the señorita of Southern Spain, "with handsome, bluish-black tresses carefully combed and raised up in great waves, the mantilla of tulle or lace falling back half over the forehead, like a light and mobile shadow, a flower, usually a rose, coquettishly fastened at the side of her head," with the Cuban señorita of to-day, who, exhibiting her talent for imitation, prefers the gaudily trimmed and jauntily set hat of French or American make, and we deplore, while we acknowledge she recognizes her emancipation and elevation in the status of civilization.

The women marry when very young and make faithful and obedient wives, assuming the restrictions placed upon them as obligations essential to the dignity of señoras. They are affectionate but not always wise mothers, being usually indulgent. In the management of the household a degree of familiarity exists between mistress and maids, which, though not openly defined, is so nicely adjusted that it seldom becomes objection-

* At home.

able. The mistress depends a great deal on the service rendered her, which prevents her from being too exacting, but often results in indifference.

The Cuban women are not accustomed to much exercise, and to a casual observer the impression is that everyone rides, either in his or her own carriage or in the ordinary *coche*, and the élite are to be seen in the late afternoon or early evening hours driving on the principal streets, "the Prado or Paseo." Then are the women seen at their best, smiling and bowing in the recognition of friends, glancing shyly at the foreigners, usually "Americanos," coquettishly flirting with fan or flowers, greeting with happy laughter the remarks of friends, passing and repassing each other, their spirits exhilarated with the constant movement and the sound of music, till the shades of night fall and with the disappearance of the ladies follow darkness and desertion of the Prado.

Bailes, carnivals, and fiestas are pleasant words to the people, who do so sincerely enjoy enjoyment. Fireworks are usually employed to announce the advent of a holiday. The day fireworks are a peculiar mode of celebrating a saint's day, and I first saw them used at Funchal, Madeira, on Easter Sunday, and have since concluded that the custom is of Peninsular origin. They are, however, under the blue skies and surrounded by the brilliant coloring of tropical vegetation, very disappointing. The noise no doubt appeals and makes amends.

For spontaneous, pleasure-loving people are our neighbors of the Queen of the Antilles, and it is well their religious calendars supply them with so many *fiestas*, which are strictly observed, and so few, apparently, *dias de ayunos* (fast days), except those individually kept in memory of the tragic ending of a life dear to one or many in the fight for liberty.

The custom of observing the "*dia Santa*" and the "*dia nacimiento*" (day of one's saint and the day of one's birth) in the same year and sometimes in the same month is frequently confusing, but is explained by the fact that every day of the year is named as a saint's day. The name of the saint whose day is the natal day of the child is not always suitable or agreeable to the parents; for example, a child born on St. Peter's day might be called Paul in preference, and in this way he would be required by custom to observe the days of both saints. This is more complicated than the Japanese custom of observing one general anniversary for all the boys and another for the girls, which has some advantages. The number of names assumed is prohibitive for general use, two names, with two surnames, that of mother and father, being used—thus, Pedro Gonzales Llorente y Ponce; Juan Francisco O'Farrell y Chappotin, show in both instances the surnames connected by y (and), being those of

mother and father (one case shows Irish origin). It is not obligatory to use both names, the choice is left to the individual, and sometimes one brother prefers to use the mother's name, the other the father's; such cases are not uncommon.

While referring to the peculiarities in "nomenclature," it is quite in keeping with the uniqueness of forms now to speak of the universal custom of naming the places of business, which in our own country are usually known by the name of the owner or firm. The bestowal of the name does not always suggest a comprehensive or clear discernment of the appropriateness. For instance, "La Elegante" might be a dilapidated building (not on Calle Obispo or O'Reilley, but some older, less frequented narrow street). La Favorita Dos Hermanos (Two Brothers), Las Niñas (The Children), La Mariposa (The Butterfly), El Fuego (The Fire), La Perla (The Pearl), are some of the favorite names. El Louvre and Le Bon Marche seem curiously at home in Havana. The streets named after heroes and martyrs are interspersed by such titles as "Dos de Mayo" (Second of May), to commemorate the death of the victims of Murat (Jacinto Ruis, Luis Daviz, and Pedro Velante, 1814), and others of like meaning, which seem sad and strange in a country so filled with new hopes, new life, and which is now making new history. There is a Spanish proverb which says, "El cielo y Tuelo es bueno el entretuelo malo" (the sky is good; the earth is good, only that which lies between is evil). In Cuba, where nature is so prodigal in her gifts, we will hope that man, who now has the opportunity, may develop the resources at hand and prove that personal excellence in goodness may be the connecting link between his beloved country and his God.

Some of the houses of the wealthy are very attractive, though the plan of construction in the house of Moorish design does not always command admiration from the exterior. The entrance is through a large and beautifully wrought iron gate and is guarded by a servano (watchman or porter) during the day. A glimpse within reveals the "patio," which is usually paved with marble, or beautiful designs in colored tiles, blue and white predominating. Flowers, ferns, palms, and tropical shrubs abound, the cool sound of the water playing in the fountain and the singing of birds enhancing the attractiveness. This is the rendezvous of the family and guests, and visitors are often received here. Usually all the rooms of the house open into this court.

In the daytime awnings and curtains are placed as protection from the sun. In some houses the custom of keeping the family carriage in the entrance hall still exists; the horse, passing through and beyond, occupies a stable in the rear of the kitchen. By this method a family and its belongings are housed under the one roof. Objections have

been raised against this practice by the sanitary committees of the cities. The style of cottage occupied by the laborer on the plantations is of another and I am sure equally antique date of architecture. The wonderful palm-tree supplies all the material needed and in days of extremity the fruit of the tree was eaten.

The peculiar characteristics of the palm is its gravity and disdain. It lacks the freshness and profusion of foliage which enhances the beauty of our shade-trees. "I love the palm-tree; it sets me dreaming, it reminds me of the East, of its magnificent landscapes, its melancholy ruins. It has an incomparable grace and majesty. Its mighty trunk, mounting, as it were, with a single bound towards the sky, has plainly served as the model for the graceful columns of the Egyptian temples and its drooping plumes for the type of the broad, hollow capital."

In the shopping localities of Calle Obispo and O'Reilley many very good shops are to be found, displaying their attractions with an abandon most alluring. Calle Obispo is very narrow, and on hot days awnings are stretched across the street, which gives it an Oriental appearance, like an Eastern bazaar. The feminine heart is made glad at the sight of muslins and silks of gaudy texture, fans of cobweb lace, linens of snowy whiteness, Panama and also hats of Parisian manipulators; fancy stores with the beautiful fine-drawn work and embroidery done by the deft fingers of the *Cubanas*, and the jewelry stores, with their collection of curios, gathered during the war, antiques, and modern articles, all tend to entice the foreigner, not to mention the attractions for the man who loves his Havana, "*For a good cigar is a smoke*," and the various other trifles, such as *jai-a lai weapons*, machetas, and sombreros.

My confidence was once, and only once, betrayed, when I purchased an antique pewter teapot. "Muy antiquo" I was repeatedly assured (by the courteous salesman). When I afterwards discovered stamped on the bottom, "Meriden, Conn., 1876," I felt almost as humiliated as if it had been marked, "Made in Germany." I had not the heart to blame the man, as I was completely overcome by his exalted wish to oblige me.

The land of contrasts appeals in the total abandon during hours of ease or leisure, and the willingness to carry a lazy man's load when opportunity offers itself. The willingness of the cochero to accept a fare is only secured when he is told the distance is very short or he is engaged by the hour. Without the picturesque cochero Havana would seem quiet and placid, in a non-argumentative way.

Viewing a funeral procession, the gayety of the trappings of the horses, riders, and outriders does not impress one with the solemnity that usually characterizes a ceremony of this kind. Red and yellow (much gilt) are the colors worn, and form a strong contrast to the universally used black.



ROYAL PALMS, CUBA



THE "HOME" OF THE LABORER IN THE COUNTRY

A visit to the Cristobal Colon Cemetery, situated on a hill overlooking the city of Havana, repays the most casual of travellers. The locality is well selected, and shows great care combined with a certain amount of pride in its general appearance. Several handsome and historical monuments are found here, among which, that for beauty of design and proportion cannot be surpassed, is what is known as the "Bomberos" (Firemen's) memorial. Passing from this cemetery to the old Havana Cemetery in San Juan de Dios, a suburb of Havana, the force of contrast is most striking, the latter being built in the old Spanish style, a wall several feet in thickness around the four sides of a square or vacant space, and several feet in height. In these thicknesses are several rows of long, narrow compartments, arched at the entrance and large enough to receive a single coffin. These compartments were leased. In the natural course of events, families ceased to pay the rent; the coffins and remains were then removed and buried in the vacant ground space. For many years this cemetery answered the purpose for which it was intended, but is now not used. The custom of leasing the ground for a burial-place is still in force.

In speaking of Cuba memory is pervaded with a strong and pleasing mental aroma of luscious fruits and magnificent flowers. A country where vegetation is never arrested has periods of rest, and at stated times the oranges, the pineapples, apricots, bananas, limes, and many more less-known fruits are in or out of season, which makes the variety so pleasing. The mangoes and oranges do not clash, and the aguacate holds court from June to October, a very prince of salads.

To be happy in Cuba it is necessary to know the people, to admire them for the many good qualities they possess as a nation and as individuals, combining the most excellent surviving characteristics of a race of people endowed with many noble qualities, men who built the Alhambra, who wrote "Don Quixote" and the poem of "The Cid," painted Madonnas, and planted Malaga. Wonderful opportunity has been the lot of the Spaniard in the past, and a wonderful opportunity lies *now* in the head, heart, and hand of the Cuban, who, fighting for, achieved liberty and with it self-government.

A paragraph in a letter written by the President of the United States to the President and Congress of the Republic of Cuba expresses the feeling evinced by all interested in the new republic: "I desire to express to you the sincere friendship and good-wishes of the United States, and our most earnest hope for the stability and success of your government, for the blessing of peace, justice, prosperity, and ordered freedom among your people, and for enduring friendship between the Republic of the United States and the Republic of Cuba."

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



THE WINGS OF THE MORNING. By Louis Tracy. Edward I. Clode, publisher, 156 Fifth Avenue, N. Y.

We are apt to think that the world grows prosaic, that the great events of the day are great mostly because they have some bearing on great gains of money or the control or manipulation of money. Commercialism has grown big and bulks largely in our lives. In witness we need only quote from the poetry(?) of the hour:

“‘Mom,’ said little Johnny Capp,
‘Let’s trade baby for a pup.
I kin git Bill Sinks to trade—
Skin him in the deal thet’s made.’”

Again, the stampede made by the novelists of late years to past history for the field of their operations signifies, surely, that romance flourished in any age rather than the present. Mr. Tracy, however, finds material for a very real romance in the present day. “The Wings of the Morning” is packed from cover to cover with the most thrilling adventures and the most romantic situations. To some readers Dr. Tracy may be an old friend, but to the writer he was quite unknown, and the book a lucky venture picked up at random and only laid down at the end with regret that it was not longer.

The heroine is quite an old-fashioned personage, who continues to say her prayers under most distracting circumstances, reads her Bible, and suffers pangs of modesty when compelled to eke out a deficient costume with some articles of male attire: for it is a veritable Robinson Crusoe and Man Friday story of shipwreck in the China Sea, perils from storms, sharks, devil-fishes, and, finally, a long, hard siege by a horrible race of head-hunting Dyaks. In the end all comes right, of course, with the rescue of the survivors and their taking possession of their island of refuge, which, by the way, contains an inexhaustible gold mine, “in the name of his *Brittainic* Majesty King Edward.” The last pages of the book, although related as history, should rightly be prophecy. King Edward has not reigned over the islands of the sea four years. At the date of the taking possession of the island Victoria of blessed memory was still living, and the events chronicled as having already transpired are probably yet to come, but that does not detract from the interest of the tale at all.

THE HOUSE ON THE SANDS. By Charles Marriott. London and New York: John Lane, The Bodley Head, publisher.

Mr. Charles Marriott, known in America chiefly through his previous tales, “The Column” and “Love with Honour,” gives us something entirely new in “The House on the Sands.” Mr. Julian Hawthorne said of him, “He paces up and down, as it were, in a hall where all is harmonious and proudly beautiful, even fastidious.” “The House on the Sands” deals with the inharmonious in

life. Much of it comes unaltered from the daily papers of more than one nation, and it reads like a resumé of current events of the world. A gigantic international combine in the course of its construction calls the chief characters of the tale before us and we are given the comments of the press in America and England as well as of some nations on the Continent. It reads passing strange to come upon an extract from the President's message—quite in its proper place, although upon the page of an English novel. The whole tale turns upon an early mistake (one of those seemingly small indiscretions which bring consequences out of all proportion) of the heroine. It is a mere stepping one side from the conventional road—the veriest morsel of youthful impatience—and yet it lands the young woman in the most painful and disastrous situations, estranging friends or dragging them into peril and even to death.



THE *British Journal of Nursing* publishes the following letter from Tokyo, which is of interest to our readers:

“One admires the way the women of the country fall into their places as a support to the Army Medical Service in the war. All the male *personnel* are drafted from the hospitals in the home territory and join the columns of the field army. The women nurses step into their places in the hospitals in Tokyo and elsewhere, and carry on the work of nursing sisters. They are all fully trained during a three-years' course at hospitals belonging to the Red Cross Society or at other civil hospitals. I visited to-day the Juntendo Hospital here and saw the system of training. This hospital, which is the oldest and at the same time one of the newest in construction, as the old buildings are being pulled down and buildings on a new plan erected, employs only women nurses and trains them in the hospital. They go through a theoretical and practical course of about three years after they have been trained. This is only one example of the resources of the country in supplying the hospitals with trained female attendants. I have just seen a large operation at the University Hospital, where the instruments were looked after and the dressings arranged, etc., by Japanese women, and nothing could have been done more skilfully or more in accordance with the principles of asepsis. There are, however, one or two English ladies here who have come out from England under the impression that they can be of some help in the war. This must embarrass the Japanese War Office very much. They are all so courteous in their manner of refusing to be rushed in matters that concern themselves only (when one comes to think of it) that one is rather ashamed of finding one's own countrywomen pushing themselves into the affairs of their army when it is engaged in a struggle which means everything to them. Of course, the Japanese recognize that it is all done out of sympathy with them, but it is a mistaken form of sympathy. There are thousands of Japanese women of every class of society fully trained, and as expert and sympathetic as any of our own women can be, with full knowledge of their folk such as no newcomer can ever have, working under definite government regulations in the army hospitals. Our own women might well take a lesson from them in the way they do their work, without ever considering whether they are getting *kudos* or not, and never thinking of gaining that sensational form of experience, for a woman, which consists in 'going to the front.'”

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



KUMYSS TREATMENT IN TUBERCULOSIS.—The *New York and Philadelphia Medical Journal* has an abstract of a paper in a Russian medical journal, the *Roussky Vrach*, which says: "Levashoff's paper is devoted to the consideration of the kumyss treatment of tuberculosis, especially to the status of this question in Russia, where the original kumyss, made from mare's milk, has long been very extensively used as a remedy in consumption. Levashoff points out that the Russian people early recognized the fact that the rational treatment of tuberculosis did not consist in specific medication, but in the improvement of the powers of resistance of the body. This is the object of kumyss feeding, and Levashoff places this therapeutic method at the head of all the public measures which should be adopted in the struggle against the disease in Russia. In the spring and the early summer there is a great annual pilgrimage of consumptives eastward and southward by railroad and down the Volga on steamers. These patients come to drink kumyss in one of the Provinces of Ufa, Samara, Saratoff, Orenburg, etc., and the great majority of the patients belong to the less well-situated classes. Levashoff gives statistics that show that over thirty per cent. of consumptives in the first and second stages recover completely on simple kumyss treatment, and that over thirty-seven per cent. are considerably improved. He enters a strong plea for a better organization of kumyss treatment, for provision for medical attendance upon poor consumptives who take this 'cure' now entirely without medical aid, and for a systematic study of the kumyss treatment."

THE TREATMENT OF PNEUMONIA.—Dr. R. S. Thornton declares, in a paper in *American Medicine*, of which the *Medical Record* gives a synopsis, that pneumonia is a disease which will not submit to cast-iron rules of treatment. It presents a great variety of types. But there are a few indications that are important to be observed in all cases. The chief one of these is rest—both general and local. This means a firm bed. It means the use of the bed-pan, the urine-jar, the feeding-cup. Every muscular movement that can be avoided, must be avoided. The heart must suffer no unnecessary exertion. Rest means especially that there shall be no talking and no visitors. The temperature of the room must be as equable as possible, at sixty-five to seventy-five degrees. The atmosphere should be moistened, especially in winter. As to poultices, they give relief and are welcomed by the patient. But when consolidation has taken place the poultice should be discarded. A smart mustard plaster, the cotton jacket, and the hot-water bag all have their use. It is most important to keep the bowels and kidneys acting freely. Sufficient water must be given. An initial purge is indicated—a dose of calomel, or, better, a saline laxative. The writer then discusses the uses of drugs. Digitalin and strychnine are of special value near and after the time of crisis. He has abandoned the use of alcohol altogether. He emphasizes the value of creosote. It is important that the creosote

or creosote carbonate should be continued throughout convalescence. The probable explanation of its action is that of an internal antiseptic.

SULPHUR BATHS.—P. Roethlisberger presents, in the *Journal of Balneology and Climatology*, the results of his experiments with sulphur baths. He found that in the baths and for a considerable time afterwards the temperature of the rectum showed a marked diminution, whereas the external (axillary) temperature increased or remained stationary in baths varying from 88° to 100° F. In water of 100° to 100½° the heat of the rectum decidedly rose, but dropped below normal after the baths. The number of the heart's pulsations were distinctively diminished in the baths at a temperature of 88° to 93½° F. This effect lasted for some time. The number of pulsations increased in baths of 97° to 100½° F. The blood pressure was very little lowered by the warmer baths, but was increased by the cooler ones. At the very commencement of all baths the number of respirations increased and remained more frequent in the warmer ones. In the cooler baths the respirations became normal again, or even sub-normal, this diminution continuing after the baths. As to nutrition during and after bathing, there was a very marked increase of urea in proportion to the total nitrogen, showing diminution of the xanthin bases, lessening of the acidity of the urine, a decrease of the total phosphates, and augmentation of the total sulphates. There was regular increase of hunger and thirst during bathing. After the cooler baths there was augmentation of muscular strength, and after the warm ones, a diminution of the same.

ENURESIS.—Drs. Maurice Ostheimer and I. Valentine Levi, of Philadelphia, presented this paper at the meeting of the American Medical Association, which is thus epitomized in the *Medical Record*: "It embraced ninety cases of enuresis in children observed in this dispensary and private practice. While there was no one cause of the affection, reduced tone of the vesical sphincter muscle was present in most cases. This was often the result of some antecedent or simultaneous illness. Among the many methods of treatment the writers found that in the vast majority of cases recovery followed the use of the tincture of belladonna in ascending doses in the mild cases, and atropine and strychnine in the intractable cases. The latter treatment, begun with atropine, one-two-hundred-and-fortieth grain, and strychnine, one-four-hundred-and-eightieth grain, to one drop of water, was gradually increased until the incontinence ceased. The highest dose was continued from two to four weeks, and then gradually decreased, so that the entire treatment usually covered from six weeks to three or four months. Fluids were stopped after supper and errors in diet were corrected in all cases."

CHANGES IN THE PULSE DUE TO STIMULATION OF SPECIAL SENSES.—The *Medical Record*, quoting from the *Zentralblatt für innere Medizin*, says: "The effect on the pulse of stimulating the senses of hearing, taste, and smell has been carefully studied by M. Heitler. The sphygmograph showed a distinct acceleration in the pulse-rate of ward patients when a noisy street-car passed the windows, and the same effect was also observed when other sounds were produced. It was found that a clanging sound was followed by a greater acceleration than that produced by other disturbances, and, moreover, that high notes had more effect than deep tones. Tests made on the sense of smell showed that vinegar

and camphorated oil produced an increase, whereas turpentine, alcohol, and benzine were followed by a depression in the pulse-rate. Concentrated solutions of various substances placed on the tongue disclosed that sugar and salt produced an acceleration, vinegar and quinine a depression, in the pulse. These observations were made in over two hundred patients."

COUGH.—The *New York and Philadelphia Medical Journal* has an abstract of an article in the *British Medical Journal* on this subject: "Smith divides coughs into two classes only: (1) the cough useful and (2) the cough ornamental or useless. The useful cough should be encouraged, the one that is useless should, if possible, be checked. Among the causes of coughs are plugs of wax in the ear, pharyngotonsillar troubles, the specific febrile diseases, diphtheria, laryngeal and tracheal troubles, gastric disorders, and, finally, diseases of the lungs. The author goes into the question of diagnosis of causes and the information to be obtained from the history of the case. For nearly everything except actual trouble in the mouth gargles are practically useless. A 1 in 60 lotion of carbolic acid is a very useful application to the posterior pharynx in cases of relaxed throat. Potassium iodide is more useful for adults than for children in assisting cough. Belladonna gives better results in children than almost any other drug."

THE DIGESTIBILITY OF PEAS PREPARED WITH HARD WATER.—The *Interstate Medical Journal* says: "It has long been known that water rich in lime or magnesium salts (so-called 'hard' water) is unsuitable for the boiling of certain foods, such as vegetables, tea, coffee, etc. The cause of this observation has been sought in an investigation undertaken in Professor Rubner's laboratory with special regard to peas. It was found that when prepared with hard water small, hard fragments of the vegetable were formed which were insoluble in the digestive fluids and which appeared unaltered in the stools. They not only escaped utilization in the economy, but on account of the earthy-albuminates and earthy-soaps they contained acted as irritants, producing flatulence, colic with diarrhoea, and a foul-smelling stool."

OCULAR HEADACHES.—The *New York and Philadelphia Medical Journal* gives a synopsis of a paper in *Presse Medicale* as follows: "Trousseau says that when drugs fail to relieve headache, particularly in the young, an ocular examination will generally reveal the cause, usually astigmatism or hyperopia, but sometimes muscular insufficiency. Neurasthenia and hysteria may often be traced to ametropia. Several cases are cited."

SCURVY IN INFANTS.—William F. Cheney in an article in the *Medical News* says that there are three things to be done for the relief of this condition: discontinue the proprietary food; substitute for it fresh milk diluted with water or oatmeal water; give fresh orange-juice, one or two teaspoonfuls three times a day; give freshly squeezed beef-juice, the same amount, three times a day. Give no drugs.

FOR BALDNESS.—*Journal des praticiens* has this prescription: Acetic acid, one gramme (fifteen minims); chloral, five grammes (seventy-five grains); ether, thirty grammes (one ounce). Use in the morning, after a shampoo with soap.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

SPANISH-AMERICAN WAR NURSES IN JAPAN.

WE publish without comment extracts from a letter written by the special war correspondent to the *Chicago Record-Herald* and *New York Globe*:

"Tokyo, July 17.—An important personage confided to me the other day that of all the difficulties the Japanese Government has been compelled to contend with since the beginning of the war the most perplexing were the newspaper men and the American nurses. They did not want either to come here. Both have been inexpressible nuisances, but they could not be abated for many reasons, chief of which was a desire to make both believe that they were cordially welcome. In dealing with the war correspondents, however, the Japanese authorities made a very serious mistake, and by their lack of candor have provoked indignation and enmity when they might have had good-will and friendship. However, there have been errors on both sides.

"The nurses were more easily disposed of. They have been buried under compliments and attentions and gifts, and have been sent to the other end of Japan, where they are supposed to be nursing sick soldiers and prisoners-of-war, and, so far as we have heard, they are contented and happy and are conscious of being international benefactors, but they do not realize the annoyance and anxiety which the Japanese have suffered on their account. Public sentiment has expressed itself in many forms, both concerning the nurses and the correspondents, and that part of the community who have not been responsible for their well-being have manifested the greatest pleasure and gratitude on account of their presence. The nurses were met at the dock where they landed, and at every railway station on the railways over which they travelled, with addresses of welcome, garlands of flowers, and other manifestations of affection and gratitude, and their stay at the capital of the empire was a continuous fête. They were the guests of the nation; they were honored by audiences with the Emperor and the Empress and were entertained by other members of the imperial family. The nobility and the aristocracy struggled for the privilege of showing them honor, while the poor and humble laid flowers at their feet.

"Nevertheless, the medical department of the army, which was responsible for their pleasure and comfort and was required to take care of them, was very much upset. So far as the *personnel* of the party is concerned, nothing more could be desired. I doubt whether better examples of American womanhood could have been selected. Every citizen of the United States was proud of its representatives in their white cotton caps and gowns and their long aprons, which, by the way, happen to be remarkably becoming to every one of the party. And that these women should cross three thousand miles of land and six thousand miles of sea to nurse wounded and sick Japanese soldiers made the heart of the whole nation swell with grateful pride and affection. But the medical department of the army was compelled to contemplate the situation from a very different point of view. The American nurses cannot speak or understand the

Japanese nor any other language but English. Hence very few of the army surgeons or soldiers can converse with them. They cannot communicate with their patients or with their doctors; they cannot learn the symptoms of one nor understand the instructions of the other. If one of the patients under their charge should ask for something, not one of the American nurses would know whether he wanted a drink of water or the latest edition of the Japanese encyclopædia. If a patient should be taken suddenly worse or if he should have a spasm, they would be utterly helpless, and in order to enable them to perform any duty whatever the doctors were compelled to furnish each of the American nurses with an interpreter.

"But that is not all. The American nurses cannot eat Japanese food or live in the Japanese style. Hence it has been necessary for the medical department to spend a lot of money and take a lot of trouble to remodel one of the houses at the Hiroshima Hospital in modern style and employ European cooks in order to make them comfortable. Thus they have not only been a burden but an expense, and the surgeons in charge have been in a position to sympathize with the gentleman in the story when the Emperor honored him with the gift of a white elephant.

"Nor were the nurses needed. No other nation has so complete and perfect a hospital organization as Japan. Like everything else connected with the army, it is absolutely perfect. The hospital corps on March 31 consisted of the following:

- Fourteen surgeons-general.
- Two hundred and ninety-one surgeons.
- Forty-five apothecaries and pharmacists.
- Nineteen hundred and twenty women nurses.
- Seven hundred and sixty-three men nurses.
- Four hundred and fifty-seven cooks, laundresses, and other servants.
- Two hospital ships.
- Four hundred and sixty-nine field stretchers.
- Three hundred and ninety-eight cases of medicines and surgical instruments.
- Fifty-two thousand four hundred and thirty-eight beds and cots.

"Hence, as you will realize, the services of the lovely American nurses were not needed. But as a social event, and as a manifestation of the sympathy and kindly sentiment of the American women for Japan, their visit has been an eminent success."

ON July 12 the following nurses of the Fifty-seventh Street Registry, New York City, under the protection of Colonel Ross, of the United States Navy, sailed for Panama to take up the work in the Ancon Hospital: Miss Alma Robinson, Miss E. J. Smith, Miss Vesta Crowe, Miss Jessie Murdoch, and Miss Gertrude Woods. Miss Robinson, who chaperoned the party, reports that the seven-days' voyage was much enjoyed by all, and that the nurses are much delighted with the outlook for satisfactory work in Panama. Nurses desiring to make application for hospital work in Panama will kindly apply in person to Miss Cameron-Smith, of the Nurses' Fifty-seventh Street Registry, 408 West Fifty-seventh Street, New York City, N. Y.

MISS ETHA BUTCHER, Johns Hopkins, Class of 1901, and now superintendent of nurses at the Hoyt Memorial Hospital, Jhansi, India, reports: "By the will of Dr. Hoyt, the founder of the hospital, we receive six hundred dollars yearly for repairs, ten thousand dollars for an operating-room, and an endowment of one hundred thousand dollars, which will eventually become ours. We have

also received from the government three thousand dollars for building a Nurses' Home, which we need very much—the first help we ever asked from the government, and it was very promptly given. The building will be begun in July."

DR. GEORGE P. EMMONS has resigned the position of superintendent of the Central Maine General Hospital at Lewiston, Me., a position which he has faithfully and conscientiously filled since the opening of the hospital in 1891. He is now adjunct to the ophthalmic staff of the hospital, and is also attending to an extensive outside practice. Mr. W. F. Smith, who has been connected with the New Haven Hospital at New Haven, Conn., for several years, and for a time was acting superintendent of the hospital, has taken the place made vacant by Dr. Emmons's resignation.

At the Grand Army of the Republic encampment in Boston on August 15-20 the nurses of Camp Roger Walcott, Massachusetts Spanish-American War Nurses, were in attendance under the supervision of Dr. Laura C. Hewes. Nurses were on duty at each armory, the Mechanics' Building, and wherever large numbers of soldiers were quartered. They made rounds each morning with the medical staff, gave whatever service was required, and reported at headquarters morning and evening, as in regular army nursing.

ROCHESTER, N. Y., is to have a tuberculosis nurse who will live at the City Hospital and have her salary paid by the Public Health Association. The appointment of the nurse (graduate) is to be in the hands of the superintendent of the hospital, Miss Keith, and she will be given her room and board in the Nurses' Home without charge. Such coöperation between general hospitals and public health officials is a step in the right direction, and the experiment will be watched with interest.

THE Philadelphia experiment of a school nurse is reported as being in every way a success. In five months one nurse made fourteen hundred and twenty visits to the school-room and nine hundred and ninety-four visits to homes, teaching the mothers how to keep the children clean, etc.

It is reported that two English nurses have been commissioned by Queen Alexandra to visit Japan and report upon the methods of nursing the wounded in the East. One of the nurses selected, Miss McCaull, had a large experience in the South African war.

SPECIAL instruction in the nursing of patients who are undergoing treatment with the X-ray, the Finsen light, etc., is being established in Berlin, after receiving which a certificate is given showing proficiency in these branches.

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

At a meeting of the directors of the St. Albans Hospital Association it was voted to accept the gift of five hundred dollars from Miss Elizabeth M. Upham, of Montgomery. The gift was tendered to the Executive Committee without conditions.

THE Provincial Government check for twenty thousand dollars in aid of the construction of the New Vancouver, B. C., General Hospital has been received by the secretary of the Hospital Board, Mr. William Skene.

By the will of Mrs. Frances Mather the Delaware Hospital of Wilmington receives five thousand dollars to endow a bed in memory of Dr. Henry F. Askew, father of Mrs. Mather.

TRAINING-SCHOOL NOTES

At the graduating exercises of King's County Hospital, Brooklyn, N. Y., held June 17, Dr. A. T. Bristow reversed the usual order of things and addressed his remarks to the audience instead of to the nurses, saying in part:

"It has fallen to my lot now for the fifth time to address a graduating class of nurses, and I have been led to ponder whether it is always the fair thing to assume that the nurses need all the preaching and the public none at all. Duties are always reciprocal, and if the graduate of the training-school owes certain obligations to the people, on the other hand the people owe a certain duty to the nurses they employ. Audiences like this have become accustomed to listen to the good advice which is given to the class and virtuously applaud, with the reflection as they depart that this particular class has certainly heard the truth for once. This audience, however, is to have no such privilege. The lay sermon, with apologies to the clergy, is directed at the audience, and it is, on this occasion at least, for the nurses to listen to some words on their behalf addressed to the public.

"The learned professions have every reason to be grateful to the public. You dutifully take our nauseous doses, submit yourselves to surgical interference trustingly, and pay our bills—almost always. You listen to the sermons of the clergy and believe all they tell you also—almost always. But you owe something more than money to these sisters of ours who stand midway between the doctors and the clergy, faithful handmaidens of both professions. You have duties to them which are not always appreciated nor fulfilled.

"For your better understanding let me tell you how an honest and good woman prepares herself for the service which she offers you and yours. When she enters the training-school of the hospital it is necessary for her to make an absolute surrender of her will and her liberty to her work and those who supervise and direct it. She rises by rule, she works twelve hours a day by rule, she studies by rule, she sleeps by rule. If she goes out for recreation, she registers the time of her departure and return in a book kept for the purpose. She is not her own. She is bought with a price, and that price is her education.

"Quite different is the experience of the young medical student. He may or may not attend lectures during his four years of study. If at the end of the term he can pass his examinations and finally that of the State, he is at all times free to come and go. He is his own master.

"There is this difference, however, between the graduate in medicine and the graduates of to-night. The young doctor has most of his experience to gain when he graduates, but the nurse comes to you from this platform just as competent to take charge of a dangerous case of typhoid fever as the most minor of ailments. Her training has been at the bedside and in the midnight watch. Thus, this class deserves your full confidence at once. They need no further years of probation. Their training has been severe.

"There is no romance about the wards of a large hospital. The caps, kerchiefs, and gowns seem attractive to the romantic, and many is the sentimental yarn which magazine writers have woven out of a few yards of muslin, tulle, and gauze. The nurses, however, know better, and slyly laugh in their sleeves at the curious fictions which are written concerning them. There is nothing sentimental in getting up at six in the morning the year round, and while it is virtuous and highly commendable to wash the wounds of a blind

beggar, it cannot be made an agreeable task by the most fervid enthusiasm. Nor is a working day of twelve hours, during which the nurse is on her feet almost constantly, a day of ease and sentimental musings.

"There is no occupation open to women which is so arduous both in its attainment and its realization as that of the trained nurse. What duties, then, has the public to the women who have wrought so hard for three years in order that we may look upon the result and pronounce it good? First, you owe them the duty of promptly and cheerfully paying for their services. I have known not a few nurses to be defrauded out of large sums by people who could well afford to pay.

"Twenty-five dollars a week seems a large sum to the man on a moderate salary, but consider the following facts for a moment: It is impossible for the average woman to nurse for a period longer than forty weeks in the year, and her active nursing life, during which she can expect the maximum patronage, never exceeds fifteen years, and most training-school superintendents who are in a position to know put the limit at nearer ten years. The people welcome gray hairs in a doctor, condone them in a clergyman, but there must be no silver locks in the tresses of the nurse who is to care for their sick.

"How many of you employ nurses of forty-five and fifty? In the first place, except in easy cases, they are no longer as efficient as the younger women. Second, the patient as a rule prefers to see a youthful face bending over the pillow rather than one that is faded and wrinkled. Thus you see there are limitations to the earning capacity of the nurse which you have not dreamed of, and these matters need to be taken into consideration when the question of compensation is considered.

"Nurses are by no means overpaid. Their work is arduous, as you have learned. Be considerate of their hours of rest and relaxation.

"I have known people to inquire at the training-school for a twenty-four hour nurse, and when told that this was an impossible request they have replied, 'Why, I thought you trained them for twenty-four hour service. . . .'

THE annual graduating exercises of the Training-School for Nurses of the Protestant Episcopal Church in Philadelphia were held in the hospital chapel at eight P.M. on Thursday, June 2, 1904. Notwithstanding the inclement weather, the chapel was well filled with guests. The altar was handsomely decorated with Ascension lilies and palms, and the chapel never looked more beautiful than when, to the strains of the organ, the choir of pupil nurses led the way into the main aisle, then broke ranks for the graduating class officers and clergy to pass through on their way to their respective places. Dr. Henry Sykes, superintendent of the hospital, presented the graduating class to Bishop Mackay Smith, who, after addressing the class, conferred on them their much coveted diplomas. The class was addressed by Dr. Mutchler on behalf of the medical staff. Following the service in the chapel a reception was held in the Nurses' Home, which was tastefully decorated with potted and cut flowers for the occasion. During the evening ice-cream and cake were served. Following are the names of the graduates: Misses Sadie Saunders, Lydia McKinney, Mary Hill, Ada Rorke, Mary Brant, Jennie Green, Fanny D. Lees, Ella Hoffmann, Anna Lindes, Della J. Johnson, Mary Ann Hill, Alzina Badger, Julia Stone, Sarah A. Fulton, Madeleine Mair, and Alice E. Turpin.

A WOMAN member of a hospital committee in addressing the graduating class recently gave the following bit of good advice:

"I was asked not long since what quality in a woman's life I considered the most valuable. It was asked of me at a luncheon of a society which was celebrating its twenty-fifth or one hundred and twenty-fifth anniversary, I don't know which.

"I looked about me, and I saw many women who lacked the quality I shall name. I answered, 'Repose.' The woman I looked at had such a quality in her face. I remember a young girl, who enjoyed life so thoroughly that she buttoned her shoes standing up. This finally meant nervous prostration and a short period in a sanitarium. I remember an old lady who once said, 'I always sit down to fix my hair.'

"So I commend to you that quality, which is not idleness—repose! Especially is it needed in professional lives. You will go into many turbulent households where sickness comes. May repose come into your own homes—'that peace which passeth all understanding.'"

EIGHTEEN nurses were graduated from St. Luke's Training-School, Chicago, on Wednesday evening, June 22, and the event was of much interest, both social and professional. The graduating exercises were preceded by the regular evening service, as is customary at St. Luke's, the chapel having been literally lined for the occasion with the marguerite, the school's flower emblem. Dr. H. B. Favill delivered an impressive address to the outgoing nurses, after which Mr. Leslie Carter conferred upon each her well-earned diploma. The gold badges were then presented by the Rev. Herman Page, with the usual benediction, followed by a few farewell words feelingly spoken. After singing the recessional, the nurses and their guests repaired to the Training-School, where a reception was held in the large class-rooms. Here too was a profusion of flowers in decoration, and orchestral music added to the attractiveness of the occasion. Those graduated were Misses Bessie G. Burnett, L. J. Cawker, J. Craig, J. M. Fidler, Helen Johnson, A. J. Martin, M. L. Morton, L. Murray, E. E. McCallen, E. M. Macallum, B. Neff, E. Nelson, F. Shedd, M. S. Taylor, G. E. Thayer, S. M. Torkleson, G. D. Van Kirk, and M. C. Vinnedge.

THE first class of three nurses was graduated from St. John's Hospital, Red Wing, Minn., on the evening of August 5, diplomas being awarded to Miss Lilian S. Calen, Miss Marie A. Gihlstorff, and Miss Millie D. Helmke by the president of the board. Miss Ida G. Beauford, the superintendent, presented each nurse with a hospital pin of beautiful design. Addresses were made by Dr. M. H. Cremer and the Rev. Theodore Graebner. The latter spoke of the nurse as being a "prisoner of her calling." "She was subject to severe criticism. Did she go about smiling? it was unseemly hilarity; did she assume a solemn mien? it was profound melancholy. She must meet peevishness with unwearying amiability and perversity with unfailing tact. She must labor unremittingly without expectation of reward, neither the prizes of this world nor even the gratitude of those whom she helped. No fame awaits her and no applause spurs her to fresh effort. It is heroism in humility, unfaltering devotion without recognition. Nevertheless there is the reward that duty well done always brings."

THE graduating exercises of the Baltimore City Hospital Training-School for Nurses were held on May 31. The names of the graduates are as follows: Misses E. Adele Bond, Virginia F. Treulieb, Annie V. O'Leary, H. Densey Mitchell, Mary G. Frazer, all of Maryland, and Miss Nannyrle Q. A. Llewellyn, of Virginia. Hon. N. Chas. Burke addressed the graduates.

PERSONAL

MISS ISABEL McISAAC, whose retirement from the active nursing field has been chronicled in these pages, left the Illinois Training-School, with which she has been identified for over eighteen years as pupils and superintendent, on July 1, going directly to her little farm at Benton Harbor, Mich., where, with her sister, she will make her home in future. Before leaving Chicago Miss McIsaac received many beautiful expressions of the esteem in which she was held by her co-workers and associates. The pupils of the school gave her a box of very beautiful table linen, including tablecloths, napkins, and two very exquisite pieces of Chinese embroidery, the Alumnae Association an elegant "grandfather's" clock, and the Board of Women Managers an oak chest of silverware with a letter expressing their appreciation of her faithful services, which we are permitted to reproduce. The letter reads:

"DEAR MISS McISAAC: Please accept the accompanying silverware as a slight token of the esteem in which you have long been held by the directors of the Illinois Training-School for Nurses. You have borne the heavy burden of the management of the school with great self-consecration and most unusual business ability. Many women can follow directions, few have the initiative. In parting from you we each feel a personal loss, but we know that you have grown too weary and need your well-earned rest. That the coming years may give you strength and joy, and that you may not forget the warm friends you have made nor the happiness which came to you in ministering to the thousands of suffering humanity, is the sincere wish of all.

"With the love and blessings of the board for your sister and yourself,

"Sincerely your friend,

"ELIZABETH D. NIXON.

"CHICAGO, July 6, 1904."

In a letter to the editor not intended for publication Miss McIsaac speaks of this letter from the board as compensating her for "many weary days and sorrowful nights," for, she goes on to say, "whatever has befallen me in that strenuous place, I have never lacked for sympathy and confidence in the board. If there is another such body of women, I have never heard of them."

Miss McIsaac has promised early in the new year to send a series of letters from "Cranford Farm" to the JOURNAL, in which she will give the experiences of two trained nurses in fruit-farming.

MRS. CHARLOTTE S. TAYLOR, graduate of the Lakeside Hospital School for Nurses, Class of 1901, resigned her position as assistant principal of Lakeside Hospital to be married to Mr. Frank E. Peck. Mrs. Taylor entered the hospital about one month after the organization of the school in the beautiful new hospital buildings. During her training she proved herself to be a most painstaking pupil and capable of carrying much responsibility. After graduation she was given charge of the female surgical ward, and then the hospital dispensary, and finally was appointed assistant principal, which position she held with credit for about two years. Mrs. Peck will reside in Cleveland, O.

MISS ANNA M. SIMINSON has resigned the position as superintendent of the Binghamton City Hospital to assume the duties of first assistant at the Mt. Sinai Training-School, New York, of which school she is a graduate. Miss Siminson has held the position at Binghamton for six years, and upon her

resignation she received a very handsome testimonial from the Board of Managers, in which the success of the hospital is credited to her able management. Miss Margaret Bryden, of Mt. Sinai, will succeed Miss Siminon.

MISS EMMA POWER, Johns Hopkins, Class of 1901, who since her graduation has been engaged in private nursing in Washington, D. C., has been appointed superintendent of nurses at the new East-End Hospital, Pittsburg, Pa., which will be open for work this fall. As now planned, this is to be a general hospital of about one hundred beds, and is to be conducted by the Sisters of Charity.

JANE TOPPAN, the discharged nurse from the Massachusetts General Hospital, who was committed to the Taunton Insane Hospital, Mass., some years ago, after being convicted of the murder of thirty-one persons entrusted to her care, is said to be failing rapidly. Since her confinement in the hospital her complete mental irresponsibility has been clearly proven.

THE St. Luke's Alumnae Association of New York regret losing from their active membership Miss M. K. Smith, president of the association for the past two years. Miss Smith is giving up her work at Sanford Hall, Flushing, to assume new duties in San Francisco, Cal., as superintendent of nurses in St. Luke's Hospital.

THE resignation is announced of Miss Mary E. Macdonald, graduate of Bellevue Training-School, as superintendent of the Women's and Children's Hospital, Syracuse, N. Y., to take effect October 1. Her marriage to Mr. Paul Carter, of New York City, is to take place some time in October.

On the evening of July 22 the Alumnae Association of the Homœopathic Hospital at Rochester gave a reception at the Unitarian Church parlors in honor of Miss Balcom, the incoming assistant of the hospital. The parlors were prettily decorated and some delightful music was enjoyed.

THE Montreal General School for Nurses has suffered severely from an epidemic of typhoid fever. Fourteen nurses were ill with this disease at one time, and ten others with various ailments. A ward of twenty-four beds was opened for the use of these nurses.

MISS CHARLOTTE MCQUEEN, graduate of Lakeside Hospital School for Nurses, Class of 1904, has accepted a position as operating-room nurse in the new Hackley Hospital, Muskingum, Mich. The hospital will be opened about October 1, 1904.

MISS MARY DOYLE, of Lebanon Training-School, New York, Class of 1903, who has been ill with nervous prostration in that hospital for some weeks, is greatly improved and will spend some weeks in Vermont in the near future.

MISS GERTRUDE THORNE and Miss Mabel Wilson, graduates of the Toronto General School for Nurses, have bought land and are building a sanatorium in Mount Dora, Fla. They expect to enter upon this work in the fall.

MISS DOUGAL, assistant superintendent of the Toronto General Hospital, has been spending her holidays in New York City visiting friends. She has been away from her duties for two months.

MISS KATHARINE LILLY, graduate of the Lakeside Hospital School for Nurses, Class of 1903, was appointed assistant principal of the Lakeside Hospital School for Nurses, Cleveland, O.

MISS ALBERTINE MACFARLANE, graduate of the Toronto General School for Nurses, has resigned her position as lady superintendent of the General Hospital, Medicine Hat, N. W. T.

MISS GRACE BEALE, graduate of the Lakeside Hospital School for Nurses, Class of 1903, was appointed superintendent of nurses of the beautiful new hospital at Akron, O.

MISS JENNIE S. COTTLE has resigned as superintendent of nurses of the Minnequa Hospital, Pueblo, Col., and will take a much-needed rest before taking up work again.

MISS LETITIA BRADLEY, Johns Hopkins, Class of 1900, has resigned her position at the Frankford Hospital, Philadelphia, and resumed private nursing in Baltimore.

MISS HUNTER, graduate of the Hamilton City Hospital and for some years superintendent of the General Hospital, Owen Sound, Ont., has resigned her position.

MISS MABEL FLETCHER, graduate of St. Luke's Hospital, New York, 1899, has accepted the position of second assistant at Mt. Sinai Hospital, New York City.

MISS IDA BINGEMAN, graduate of the Toronto General Hospital School for Nurses, has been appointed head nurse of the General Hospital, Walkerton, Ont.

MISS MARGARET SUTHERLAND, matron of the Lakeside Hospital, Cleveland, O., during July has been visiting in Toronto, and also Jackson's Point.

MISS AUSTA WHITE, graduate of the Lakeside Hospital School for Nurses, Class of 1904, took charge of the White Hospital, Ravenna, O.

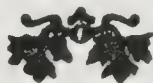
MISS LAURA GRANDJEAN, Johns Hopkins, Class of 1902, has moved from Baltimore to New York City to carry on private nursing.

MISS KATHARINE O'NEILL is convalescing from a severe surgical operation at Dr. Sadlier's private hospital at Poughkeepsie, N. Y.

MISS VANDERWATER has accepted the position of lady superintendent of Dr. Carbeth's private hospital, Toronto.

MISS BERTHA ERDMANN, superintendent of Luther Hospital, St. Paul, Minn., has resigned, to take effect July 17.

MISS E. C. GORDON, Emergency Branch, Toronto General Hospital, is summing in Lake of Bays, Muskoka.



VITALITY OF GERMS OF DIPHTHERIA FOR A LONG TIME.—A health officer in Mecosta County, Mich., reports to the secretary of the Michigan State Board of Health that twenty years ago Mrs. T. lost a daughter by death from diphtheria, and then some of the girl's clothing was put away in a chest and nailed up. The chest was not disturbed until this spring, when the mother, seventy-five years of age, opened it and looked over the clothing, soon after which she was taken sick with diphtheria and died, June 17, 1904. The health officer believes she contracted the disease from the clothing, infected twenty years ago.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

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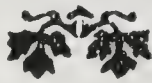
TRINITY BRANCH, CHICAGO.—The silence of the Chicago branches of St. Barnabas Guild has not been due to premature decay, but to many changes that have made it difficult for us to maintain all of our interests unimpaired. Many of our members have left the city entirely, some expecting to return in a few months, others remaining only in nominal association with us, while sickness has been wofully present within our ranks. The year has brought marriage to five of our members, and the consequent removal of two of our brides to far-distant homes. Three more will leave us by the same rosy path during the summer. So our ranks have been somewhat depleted, and new homes and duties have made it difficult for them to give as much of their time and strength to the guild as formerly. None of them have resigned, however, and if the council at its annual meeting next fall amends the constitution so as to allow of the admission of the gentlemen, as proposed at the last council, we look for an increase of enthusiasm and attendance. The birth of a little daughter to our beloved secretary, Mrs. Anna Lee Doggett, last March made the election of an assistant secretary necessary, and the guild is to be congratulated upon its good fortune in the selection of Mrs. Saltinstall-Taylor, who has most efficiently performed the duties of the position. Our meetings have been held regularly on the first Monday evening of each month at Trinity Parish-House, with one exception, when we were most hospitably entertained at the Woman's Hospital. While the attendance has not been as large as in previous years, the fraternal sociability of the members has been most marked and cordial. A programme of some kind has always been presented, followed by light refreshments and social intercourse. In December, just before Christmas, we held a handkerchief sale to recoup the treasury for the delegates' expenses to the council in Hartford last fall. This expense we have never charged to the general treasury, but raised as a special fund. The sale was held at Mrs. Doggett's residence and was most enjoyable and successful, netting about sixty-eight dollars. In February a charming reception was given the guild by Mrs. Loring at her beautiful residence. Music, recitations, and the geniality of our hostess assured a pleasant evening to all who attended. The usual charitable work of the guild has been a little more limited than usual, owing to sickness and absence of members. Before we can accomplish as much in this line as we have done in the past, we must find some means of arousing and reawakening the interest of our own members. Any suggestions along this line are being eagerly canvassed and will be most heartily welcome. Our sick benefit fund is still growing and accumulating interest. We hope to make arrangements at the June meeting that will permit of loans being made from it to the members during illness, to be repaid with low interest when they are again at work. Many efforts have been made to meet monthly with the Grace Branch of the

guild, and though many of its members meet with us, it has not yet become as general as we hope it will be. As there is no secretary in the Grace Branch it has been hard to communicate with all of their members. A cordial invitation from Epiphany Branch to meet with them in April was unfortunately received too late to allow of many of the members responding, though those who did attend enjoyed a most pleasant evening. At the May meeting an organ recital was given the guild by the rector of Trinity Church, Rev. Mr. Phillips, which was most thoroughly enjoyed. The year has brought us many changes. One member is in New Zealand, another is spending the winter most enjoyably on the Mediterranean, two are in Alaska, one in Whatcom, Wash., and three have been transferred to the California Branch. But despite the decimation of our ranks by marriage, sickness, and the inevitable separation which distance brings, we still remain a band of hopeful, earnest Christian women, meeting monthly for help, cheer, and good comradeship, and hoping most earnestly that the coming year will see a return of our old enthusiasm and loving help among our members. But, oh! girls, it takes so much of one's time and thought to get married, please wait a few months until we have recovered from this last epidemic of it.

ORANGE, N. J.—The annual meeting of the guild was held on St. Barnabas Day, June 11, at Grace Church, Orange, and was well attended both by active and associate members. It was again our privilege to have with us our chaplain-general, Bishop Whitehead, and his helpful and encouraging words will long be remembered by us. The service commenced at nine-thirty A.M. and was conducted by our chaplain, Rev. Dr. Alex Mann, and the address given by the bishop, who bade us remember that we were not servants, but friends and fellow-workers with our Lord, and although at times our strength and will failed and our work seemed too hard to be continued, that every kind word and action would have its reward, and would not be forgotten if done in His name. The celebration of the Holy Communion followed, the bishop being the celebrant. At the close of the service we all adjourned to the Memorial Parish-House for the business meeting, which was largely attended. All the officers were reelected and delegates chosen for the next council meeting: Miss Martha Clarke, active member; alternate, Miss Cora Swan; Mrs. Ingram, associate delegate; Miss Pigott, alternate. The reports of the secretary and treasurer were very encouraging, showing that much good work had been accomplished by the branch during the past year, and a greater interest taken than ever before. The Committee on Fresh Air Work asked for names of nurses wishing to volunteer their services during the summer months for the work at Bradley Beach. Names may be sent to Mrs. Blagbro and Miss Helen d'Arcy Stephen. We trust that many can give at least one week to this worthy object, and that the work this summer may prove even more successful than that of the last. A meeting of the Sick-Relief Fund was held at the close of the business meeting, and it was with great regret that we were called upon to elect a new secretary, our former secretary, Mrs. Baylis, having left Orange for a time. We shall always retain a grateful remembrance of her kind and faithful services. Our treasurer, Mrs. William Brewer, who has kindly filled that position for the past few months, was formally elected to that office. In the afternoon a reception was given by our secretary, Mrs. William Reade Howe, at her beautiful residence in Llewellyn Park, and all guild members were invited to meet Bishop and Mrs.

Whitehead and Bishop and Mrs. Lines. The perfect weather made it an ideal day for a lawn party, and about one hundred members enjoyed the lavish hospitality of our kind host and hostess.

EPIPHANY BRANCH, CHICAGO.—Under the efficient guidance of our chaplain, the Rev. John Henry Hopkins, our president, Mrs. Adolphus, and our secretary, Mrs. MacLeod, the Epiphany Branch of the St. Barnabas Guild has spent a very pleasant and profitable year. The meetings were held the third Tuesday of each month in our Guild-room. Our branch now has twelve active members and ten associate members, making a total membership of twenty-two; of these three are priests-associate and one a medical associate. At each meeting an interesting programme and refreshments have been provided by our president, Mrs. Adolphus. Every third evening has been devoted to a social meeting. On the third Tuesday in May our chaplain, Mr. Hopkins, took us on an interesting trip through London. At the annual meeting the officers of the past year were reëlected. We are all looking forward to the work of the coming year, when we hope to more than double our membership and to extend the influence of the Guild of St. Barnabas.



THE TREATMENT OF TRACHEOTOMY WOUNDS IN DIPHTHERIA.—A. E. Jones says in the *British Journal of Children's Diseases* that "the main lines of treatment are the following: (1) The wound should be kept as aseptic as possible. It should always be covered with a double layer of aseptic gauze, which can be conveniently fastened at one corner to the sternum either by a spot of collodion or by a strip of Unna's zinc strapping. (2) The tube should be removed at as early a date as possible, more especially if any of the laryngeal cartilages be injured. One can usually take out the silver tube after twenty-four hours, and if another tube be required later on for a few hours more, a rubber one should be inserted. (3) Every effort should be made to calm and reassure the child, and in some cases the administration of bromide of potassium is of use in very excitable children. (4) The only contraindication to the use of heroic measures if the wound does not spontaneously close is a poisoned and dilated heart; when this is present, as it was in the above case, one has to be very careful and proceed at intervals."

THE VALUE OF HOT-WATER INJECTIONS AS A SUBSTITUTE FOR NUTRIENT ENEMATA IN THE TREATMENT OF GASTRIC ULCER.—The *Medical Record*, quoting from a paper in the *Lancet*, has the following: "W. Pasteur says that by substituting ten-ounce enemata of plain water at 100° F. for the smaller nutrient enemata it is possible to prevent thirst altogether and to do away with the unpleasant taste in the mouth which so often follows enemata containing beef-tea. He begins with six ounces of water as stated and gradually increases to ten. Of course, this is in addition to the moderate employment of the usual substances for rectal nutrition in gastric ulcer and is intended only for the relief of the troublesome thirst."

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

SPANISH-AMERICAN WAR NURSES

THE fifth annual meeting of the Spanish-American War Nurses, postponed by request of Dr. Anita Newcomb McGee, will open at St. Louis on November 7 at two P.M. Meetings will be held in the parlor of the Inside Inn. Members will please register before noon on that day.

Board may be reserved at Inside Inn as per circular. Those desiring board outside of grounds can consult Miss Eliza McKinley, 3943 Olive Street, St. Louis, who will welcome members when they register. Market Street car passes Union Station and goes direct to the Fair Grounds gate nearest the Inn.

The uniform informally discussed at New Haven and proposed in Dr. McGee's circular has been postponed by order of Executive Committee for full discussion at St. Louis. By order of first vice-president.

REBECCA JACKSON, Corresponding Secretary.

June 10, 1904.

HOSPITAL ECONOMICS ASSOCIATION

A MEETING was called in Whittier Hall May 6, 1904, to consider the advisability of organization of the Hospital Economics graduates.

Present—Misses Alline, Beazley, Forbes, Johnson, and all the members of the Class of 1904. Miss Alline, temporary chairman; Miss Balcom, temporary secretary. Miss Alline outlined the purpose and needs of the Hospital Economics Course, and pleaded necessity of coöperation on the part of graduates.

Letters from Misses Barton, Glenn, Frazer, Nelson, Palmer, and Mrs. Snodgrass signified approval.

It was moved and carried that a permanent organization be effected.

The chairman called for the nomination of permanent officers. Result: Miss A. Lowell Alline, chairman; Miss Ada Beazley, recording secretary; Miss Annie R. Young, corresponding secretary; Miss Harriet M. Johnson, treasurer. The chairman proceeded to appoint a Committee on Constitution and By-Laws. Misses Kelly, Shaw, and Wheeler were appointed.

The name of the organization was next discussed, Hospital Economics Association being favored.

A special meeting was called in Whittier Hall on May 21, 1904, to receive the report of the Committee on Constitution and By-Laws.

After an animated and interesting discussion the constitution and by-laws of "The Hospital Economics Association" were accepted.

THE AMERICAN JOURNAL OF NURSING was chosen as the official organ of the association.

ADA BEAZLEY, Recording Secretary.

[The constitution and by-laws will be given space later.—Ed.]

GRADUATE NURSES' STATE ASSOCIATION OF CONNECTICUT

THE regular quarterly meeting of the Graduate Nurses' State Association of Connecticut will be held in the chapel connected with the Presbyterian Church, corner of State Street and Myrtle Avenue, Bridgeport, on September 14. The morning session will be called at ten-thirty A.M., second session at two P.M. An interesting and instructive programme has been arranged. It is hoped *all* graduate nurses will make an effort to attend.

ADDRESSES WANTED.

CAN anyone send the correct addresses of the following members of the American Society of Training-Schools for Nurses to Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.:

Miss M. Doyle, formerly of Matanzas, Cuba; Miss Bertha Erdman, City Hospital, Minneapolis, Minn.; Miss C. G. Patterson, formerly at Agnew State Hospital, Agnew, Col.; Miss Hattie M. Phillips, formerly at Home for Destitute Children, Chicago, Ill.; Miss Hanna Kindbom?

NEW YORK STATE NURSES

APPLICATIONS for membership to the New York State Nurses' Association, either individuals or associations, should be sent to Miss O'Neil, chairman of the Committee on Credentials, Kings County Hospital, Brooklyn, by September 15, in order to be in time to be presented to be voted upon at the next meeting of the New York State Nurses' Association held in October. Annual dues must accompany application.

MARGARET SUTHERLAND, Secretary.

THE INTERNATIONAL COUNCIL OF NURSES

(Continued from page 890)

AFTERNOON SESSION

MRS. BEDFORD FENWICK, president, presiding.

On the afternoon of June 17 the council met to receive reports from affiliated countries—

1. On legislation effected for trained nurses:

(a) By State registration and (b) under government departments in the army and navy.

2. On education.

In opening the session the president said that the only countries in which the naval and military nursing services are organized in connection with the respective navy and army governmental departments were Great Britain and the United States of America. The authorities of the Admiralty in Great Britain had been communicated with, and a report on nursing in connection with the royal naval service invited. A reply was received that "Nurses of hospitals at the home posts have all been consulted, and the reports received show that there is no member of the nursing service who desires to present a paper."

Nothing, the president said, could prove more conclusively the need for a modern system of organization in the royal naval nursing service than the fact that there was apparently not a woman in it who appreciated the importance of international comparison and conference.

Mrs. Fenwick reported further that invitations were sent in February to the matron-in-chief of Queen Alexandra's Imperial Military Nursing Service, and to the superintendent of the Army Nurse Corps in the United States, inviting these ladies to contribute reports on legislation effected for trained nurses in the respective army nursing services of these countries.

Almost by return of post a courteous reply was received from the Surgeon-General of the United States Army, acceding to our wishes that a report might be furnished by Mrs. Dita H. Kinney, the head of the Army Nurse Corps.

An official reply was received six weeks later from the English War Office, to which the request had been referred, when the Secretary of the Army Council stated that he was commanded to acquaint the Organizing Committee "that the matron-in-chief, Queen Alexandra's Imperial Military Nursing Service, will be pleased to afford the fullest information on any subject connected with the service to any delegate whom you may be pleased to appoint for that purpose."

This was, in fact, said Mrs. Fenwick, a polite way of refusing our request. She added that the attitudes of the British and American War Offices forcibly illustrate the diverse methods by which the government departments of a young and progressive nation and of one hampered by traditions of bureaucracy respectively conduct the affairs of the nation. As the council was not accorded the privilege of a report from the matron-in-chief of the military nursing service, it seemed, Mrs. Fenwick said, unnecessary for an outsider to apply for official information. Both Miss Stewart and she herself, who were present at the meeting, had taken an active part in advocating army nursing reform for many years, and could probably tell the council more of the past history of the movement than the authorities of the War Office.

LEGISLATION.

I.—Registration.

The president then read the following report:

In Great Britain and Ireland.—Since the last meeting of the International Council of Nurses in 1901 I have to report progress in the better organization of nursing, both in special sections and in the work at large.

Prominent among the objects of the Matrons' Council of Great Britain and Ireland since its foundation in 1894 has been "to bring about a uniform system of education, examination, certification, and State registration for nurses in British hospitals," and it had a standing sub-committee to deal with the matter. In 1902 it was felt that the work had outgrown the powers of this sub-committee, and a society was therefore formed having for its sole object "to obtain an act of Parliament providing for the legal registration of trained nurses." The success achieved by this method has been most encouraging. In two years over twelve hundred well-trained nurses have joined the society, and it has received the support of influential members of the public. A bill for the registration of trained nurses has been drafted and has been introduced into the House of Commons, and the Prime Minister has now promised the appointment of a select committee of the House of Commons to inquire into the whole nursing question, including that of registration. The organization of graduate nurses in leagues has also proceeded, somewhat slowly, as is the fashion in our conservative country, but their formation in each case has been warmly received by the graduates of the school concerned. The further union of these leagues and of self-governing nursing societies has made the affiliation of English nurses with

the International Council of Nurses a possibility. They have formed, by delegation, a central society which will act as a Provisional Committee until the number of nurses so represented is five thousand, when the full formation of a national council will be considered.

Since our last meeting the British army nursing service has been radically reorganized, and it is satisfactory that nearly every reform urged in connection with this department by the Matrons' Council has now been adopted. This is especially gratifying, as at the time when Miss Stewart, the president, on behalf of the council, presented its memorandum, on the occasion of a deputation being received at the War Office by the late Secretary of State for War, to urge improvements seemed to be to lead a forlorn hope. To Mr. St. John Brodrick, late Secretary of State for War, belongs the credit of being the first Minister to place the control of a government nursing department under a Nursing Board upon which trained nurses have seats, and to appoint a trained nurse as its matron-in-chief.

It is to be regretted that in drawing up new regulations for the navy the same organization has not been adopted by the First Lord of the Admiralty. So long as a nursing department is merely an appendage of a medical department, and is not supervised by experts, it can never perform the best work of which it would be capable under better conditions of organization.

A Nursing Board has also been appointed to advise the Secretary of State for India with regard to nursing appointments.

The president then called upon Miss L. L. Dock to read Miss Sophia F. Palmer's report:

In the United States of America.—When the last International Congress of Nurses was held in Buffalo, New York, in September, 1901, the movement for registration was only just beginning in the United States. New York, Virginia, and Illinois had taken the initiatory steps towards the formation of State associations for nurses for the purpose of establishing registration, but these organizations were then incomplete, and the questions of eligibility for membership and the standards of education upon which registration should be based had not even been taken up for serious consideration.

To-day, with less than three years intervening, registration is in active operation in four States—North Carolina, New Jersey, New York, and Virginia, with the law established in Maryland.

The nurses in four other States have completed the organization of State associations, presented bills to their respective Legislatures, and been defeated. One of these, the Illinois association, succeeded in having its bill pass both Houses of the Legislature to be vetoed by the Governor, and the others, those of Massachusetts, Iowa, and the District of Columbia, have preferred to withdraw their bills rather than accept the conditions under which they could have been passed this year.

Pennsylvania, Ohio, Indiana, Connecticut, Michigan, California, and Louisiana have State associations in different stages of development, while in Colorado, Minnesota, and West Virginia there is agitation in the direction of State organization for registration. Thus it will be seen that registration of nurses is in all stages of development in the United States, from the actual issuing of certificates in the four States first mentioned, to the agitation preceding the formation of State associations.

New York, Illinois, Virginia, New Jersey, and North Carolina did the pioneer work, the nurses of these States working independently to a much greater degree than was wise; consequently the first bills drafted were quite unlike in their requirements.

New York made a long, hard struggle for a Board of Nurse Examiners and won in the end; the North Carolina nurses were satisfied with a Board of Examiners composed of three nurses and two physicians; New Jersey asked for no examiners, only for a license to practise without educational requirements of any kind; the Virginia bill was very like the New York bill; while the Maryland law, the last to be secured, is a decided improvement upon them both in its educational requirements, and it is to be hoped that each State, as it adopts laws for the registration of nurses, will profit by what the other States have struggled for and gained and make its standards higher.

There can hardly be said to be opposition to the idea of State registration for nurses in the United States. The necessity for registration is recognized, and the nurses have the support of the medical profession and the public, but there has been from the beginning some opposition to the idea of nurses acting independently for themselves, evinced by what I may call the petty element in the medical profession, and in Massachusetts and the District of Columbia this influence was strong enough to cause the nurses to withdraw their bills rather than submit to having registration placed absolutely in the hands of the Board of Medical Examiners, as was attempted by medical men of this petty character in both places.

Broadly speaking, the nurses of the United States have the support of the public and coöperation of the medical profession in their effort for registration. The opposition has been of a commercial character, emanating from men or institutions with a selfish end to serve, and it is not regarded as a serious obstacle to success.

The indifference of the masses of nurses, their lack of knowledge of what registration really aims to accomplish, and their purely selfish attitude towards the entire question, is the most serious menace to the success of the movement and the greatest discouragement to the workers.

The mistake that has been made, if it can be called such, has been undue haste in rushing into legislation before the great rank and file of nurses were sufficiently informed of what such legislation was to accomplish.

In so brief a paper very little of the detail of the work of the different States can be included. I speak with greater assurance of the New York results from direct personal knowledge, and to show the practical value of the application of the law as already recognized I give one illustration.

In New York the registration of the other professions has been so long an established feature of the Regents of the University of the State (the State Board of Education) that in securing the registration of nurses only another department had to be added to the work of the Regents' Office. The most important and far-reaching feature of the New York bill for the registration of nurses is the requirement that nurses to be eligible for registration must be graduates from training-schools approved by the Regents of the University as maintaining proper standards.

This makes it necessary that the training-schools shall be registered, not only the schools of New York State, but the schools all over the country, and already training-schools from Maine to California are applying for registration, and in a great number of instances have changed their curriculum to conform to the requirements of the university, that their graduates, who flock in great numbers to New York City for both private and institution work, may receive the protection of the New York law.

The Regents of the University called upon the Nurse Board of Examiners to outline the minimum requirements of education which should be exacted from schools applying for registration, and in creating such requirements it was necessary to consider, not the good schools, but the most inferior in methods and facilities, that the hospitals should not be demoralized by arbitrary requirements in the beginning. One of the conditions to which all schools must conform before being registered by the Regents of the University is that nurses shall be given both practical and theoretical instruction in obstetrics, each nurse to have the care of at least six cases.

It was found that a large number of schools were not teaching obstetrics at all; others gave some practical experience in the houses of the poor without supervision; others averaged two or three cases only, etc. Already most of the schools failing in this particular have provided facilities for meeting this condition. The same holds good of the requirement for experience with children, proper instruction in cooking, etc., and it is from such results that we realize the wonderful power of the law.

With us, before registration can be complete, legal enactments must be secured in all the forty-five States in the Union.

The important thing is that the nurses in all the States shall stand together for the essentials—*i.e.*, a Nurse Board of Examiners nominated by the State association, with a voice in fixing the standards of education that shall be required of the training-schools, both preliminary and technical, and, lastly, that

in management of the State association nurses shall never for a moment lose sight of the seriousness and importance of the work they are organized to perform, the working out of a reform that is endless in its scope and that will continue to influence the public at large and the education of the nurses of the future long after the youngest among us has passed away.

Accompanying Miss Palmer's report were copies of the bills that have become a law and the dates of the organizations of all the State societies, etc., etc.

The president called upon Lady Hermione Blackwood to read Mrs. Grace Neill's report:

In New Zealand.—An act to provide for the registration of trained nurses was passed by the Parliament of New Zealand in September, 1901, and came into operation on January 1, 1902.

The principal sections of the act run as follows:

"From and after the coming into operation of this act every person who has attained the age of twenty-three years, and is certified as having had three-years' training as a nurse in a hospital, together with systematic instruction in theoretical and practical nursing from the medical officer and matron of that hospital, and who passes an examination from time to time held by examiners appointed under this act, is entitled to registration on payment of a fee of one pound.

"Every person is entitled to registration on payment of a fee of one pound who holds a certificate from the medical officer or authorities of any hospital out of New Zealand recognized by the Minister under any regulations under this act, if equivalent in training and examination to what is required from New Zealand nurses under this act."

And under these sections we have now been working for over two years.

When the bill was before the House of Representatives, the untrained or partially trained women styled nurses found many champions. Some members thought that any sort of woman who had habitually nursed the sick for not less than four years should be registered, and a clause was inserted (Section 5) to this effect. Fortunately, the open door was to be closed December 31, 1902, as after that date no certificate could be issued under Section 5.

This point must necessarily be a difficulty in any bill for registering members of a profession. Medical men, chemists, dentists, have each in turn had to submit, on first establishment of registration, to the admission of some undesirable old hands to the register, and the nursing profession cannot hope to escape. And, truly enough, Section 5, with its open door, presented many difficulties during the first year. These difficulties were modified by (1) insisting on candidates having had some satisfactory training; (2) by requiring all candidates under this section to pass a Government examination before they could be registered. These slight barriers greatly reduced the number of candidates under Section 5 of the New Zealand act—less than twenty entered for examination, and the majority of those had had over two years in a public hospital. I make special note of this difficulty in working Section 5 of our act because the experience might help the framers of any future bill. There must be temporarily an open-door clause, but make its operative limit short and final, and raise the barrier of an examination.

Section 12 of the New Zealand act says:

"In all appointments of nurses in hospitals under the control of boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions."

Although the New Zealand act does not make registration by the State compulsory, it was very soon found by nurses that such registration was greatly to their advantage and gave them a professional status hitherto lacking. The

private nurses found it specially advantageous to them, for in New Zealand, as elsewhere, any woman who chose to wear a uniform was regarded by the public as a "hospital nurse." The Trained Nurses' Registration Act has made a clear line of demarcation, thereby educating the patient's friends to inquire whether the uniformed young woman sent to them is a "registered nurse" or not. I unhesitatingly pronounce the effect of State registration to be good from every point of view; it is proving of benefit to the public, to the medical men, and to the nurses themselves. Its force lies not in compulsion, but in steady pressure. I know of several young women who had been private nursing for years (having had absolutely no hospital training), and who within this last year have found themselves obliged to enter a general hospital for the three-year training with a view to registration or to give up going out nursing. Of course, no registration act can be thoroughly effective until such time as the medical profession find it to their own and their patients' interest to recommend the employment of registered nurses.

Examinations for the State registration of nurses are held twice each year—the first Tuesday and Wednesday in May and December. A list of registered nurses is published in the government *Gazette* in January each year.

Intending candidates send to the Registrar a certificate form, signed by the medical officer, matron, and chairman of their training hospital, showing that they are eligible under the act.

There is both a written and a practical examination. Papers are set by a different medical man each time, and he allots percentage of marks to the answers without knowing the name or hospital of the candidate. The papers, one on anatomy and physiology and one on nursing, are the same in every centre, and answers are written on the same day everywhere under supervisors.

The practical examination of each candidate is held in the respective local centre by a medical man conjointly with a trained nurse (preferably a matron); each nurse is examined in the operating-theatre or wards of a hospital.

Such is an outline sketch of the working of the New Zealand act for the registration of trained nurses. It has now been in operation for nearly three years, and works smoothly and automatically.

The fact of an independent examination being held at regular intervals by the State stimulates our training-schools. No hospital likes its nurses to come out bottom of the list, and, of course, if one hospital had persistently low percentages, or its nurses failed to pass, it would naturally lead to the conclusion that either doctor or matron were not doing their duty so far as teaching their staff goes.

There is no line drawn by the New Zealand act regulating the size of the hospitals permitted to send up candidates for examination. This has been criticised as a defect, for, naturally, a nurse having been three years in a small country hospital of some twenty or so beds could not have acquired the knowledge and experience of one trained in a larger hospital. Practically, in New Zealand, at any rate, it seems to work out satisfactorily. It is leading the smaller hospitals to employ registered nurses instead of attempting to train local girls as probationers. It must also be borne in mind that we have in New Zealand as government officials an Inspector and Assistant-Inspector of Hospitals. Every hospital is visited at least once in the year, and a report is laid on the table of the House of Representatives annually with regard to each hospital and charitable institution. This keeps the Inspector, who is also the Registrar of Nurses, in touch with the methods and efficiency of every hospital.

A criticism of State registration in a recent number of a Colonial nursing journal points out that, unlike a nursing association, it provides "no journal, no lectures, no sick fund, etc.," but "leaves nurses to their own devices."

Most assuredly. Registration of nurses by the State has no patronage, benevolence, or spoon-feeding about it. Each individual nurse has to show a State-appointed and impartial authority that her training has been efficient and thorough, and she pays her fee for a certificate to that effect. It is a policy of self-reliance, not of humble dependence on crumbs from the table of patronage.

There is nothing to prevent any group of State-registered nurses from forming clubs or associations of any kind for purposes of social intercourse or study. But let it be clearly fixed in the mind that State registration has no charity or sentiment about it. The Government or State gives each nurse her hall-mark of

efficiency if it is deserved and paid for, just as the State, in New Zealand, registers every medical man, chemist, and dentist.

There is one piece of recent legislation in New Zealand that will affect nurses, namely, a provision made in the Public Health Act, 1903, for the inspection, licensing, and registration of private hospitals under the Department of Public Health.

The president invited Miss M. Breay to read Miss McGahey's report:

In Australasia.—Fellow-workers, it is, unfortunately, not my privilege to meet you again on the occasion of your quinquennial meeting in Berlin. Instead I must send you my most cordial greetings, and wish you, if possible, an even more successful reunion than we had in Buffalo in September, 1901. At the request of Mrs. Bedford Fenwick, president of the International Council of Nurses, I am sending you a brief sketch of our work in the Australasian States since our last meeting in Buffalo. During the past two years, pressure of work at the Royal Prince Alfred Hospital, Sydney, has prevented me from taking as active an interest as formerly in nursing matters outside my own sphere of labor. Extensive additions have recently been made to the Royal Prince Alfred, which, when completed, will bring the bed accommodation up to four hundred and fifty-six. Structural alterations in the administrative buildings have also been carried out. These and many other improvements have engaged a large amount of my attention and added considerably to my ordinary work.

Steady progress has been made in nursing organization in Australasia during the past few years, but it must be admitted there is still a great amount of work to be accomplished. As yet we have no preliminary training-schools, no post-graduate courses for nurses who have severed their connection with their hospitals, and no State registration. In the sister island—New Zealand—State registration for nurses has been in force for more than two years. It is a matter of regret that the committee of the Royal Prince Alfred Hospital, Sydney, were unable last year to carry out their projected scheme for establishing a preliminary training-school for nurses in connection with that hospital. The matter was duly considered and approved of by the Board of Directors, but, owing to the falling-off in the subscriptions, due to the protracted drought, they considered it advisable to wait till the outlook was brighter. The drought is now a thing of the past, prosperity is returning to our sunny clime, and very soon the Royal Prince Alfred Preliminary Training-School will be an accomplished fact.

The Matrons' Council of New South Wales has now been in existence for eighteen months, and has among its members the matrons of the leading hospitals in the State. The standard of nursing is higher in the country hospitals than formerly. This is due in large measure to the active interest awakened by the councils of the Australasian and Victorian Trained Nurses' Associations. The Australasian Trained Nurses' Association has now been in existence since August, 1899, and has a membership of eight hundred and four nurses, independent of fifty-six medical and eighteen honorary members.

The number of recognized training-schools in Australasia, exclusive of Victoria and New Zealand, is sixty-nine. The council of the association are fully aware of the fact that small country hospitals have not the facilities for training pupils, and they have made suggestions as to the rectifying of this difficulty. Unfortunately, the committees of these hospitals have not adequate funds at their disposal to pay for the services of fully trained nurses, and their only alternative is to pay one or perhaps two trained nurses and take in pupils. When State registration comes these partially trained women will fare badly when they present themselves for examination with fully trained nurses from up-to-date hospitals. As yet, the council of the Australasian Trained Nurses' Association have not seen their way clear to appoint a Central Examining Board. This matter will receive consideration shortly. An informal meeting was held quite recently in Sydney to discuss State registration for Australasia. This subject will be fully considered at a meeting of nurses which will be convened at an early date.

According to the rules of the Australasian and Victorian Trained Nurses' Associations no registered hospital can appoint a matron who is not a member

of either association. This course has been adopted to prevent hospital committees from appointing untrained nurses to such positions. In January, 1903, the *Australasian Journal* was started. It is a quarterly publication, and has been found to answer the purpose for which it was intended. During the past winter lectures were delivered to the members of the association. These were well attended and much appreciated. Quite recently a letter was sent to the association signed by several Queensland doctors and nurses asking to have a branch in Brisbane, and this matter is now receiving the consideration of the council.

The Victorian Trained Nurses' Association was founded in June, 1901, and has now a membership of over a thousand nurses. All the leading public hospitals in Victoria are recognized as training-schools. The minimum period of training is three years, and no nurse can be registered who has only received a course of training in a special hospital. Last year the Victorian association appointed a Central Board of Examiners. At regular intervals they hold examinations in Melbourne and the sub-centres. This association can also well be proud of its quarterly journal, *Una*, which has recently completed its first year of existence. Henceforth it will be published monthly. Between the Australasian and Victorian associations a basis of reciprocity exists. This arrangement has been found to work very satisfactorily.

Early last year the Australasian Trained Nurses' Association sustained a severe loss in the death of its much-respected president, Dr. Norton Manning. From the inception of the association he held that position, and by his tact and great powers of organization he tided the association through many of the difficulties that beset it and brought it into smooth waters.

We are, to a certain extent, organized through our associations, and, that being now accomplished, State registration for nurses will not be such a difficult matter to carry into effect.

In conclusion, let me congratulate those of you who have already obtained it and wish you every success, and may I also express the hope that those who are now working in that direction will soon see their wishes gratified.

The president called upon Miss Mollett to read Dr. Moffat's report:

In South Africa.—I beg to express my appreciation of the honor conferred on me when your president requested a short account of the working of the Medical Act in Cape Colony as affecting nurses. I have no personal knowledge of the effect of legislation in Natal, but I gather that what I say applies there. I will endeavor to give a few impressions which may be of value, though they are very ordinary and matter-of-fact.

The legislation in the Act of 1899, Part II., Section 4, affecting nurses, is gradually improving the education of nurses and raising the standard of professional knowledge. Nearly all the hospitals in British South Africa elect as ward sisters only nurses who either hold the diploma of trained nurse granted by the Colonial Medical Council, or, if educated outside South Africa, have certificates entitling them to register here. In this hospital we have a rule that "ward sisters shall be registered nurses under the Colonial Medical Act."

All the hospitals train their nurses with the view of entering for the government examination at the end of their third year, and it has come to be the regular thing for a nurse to look forward from the beginning of her training to the government examination as the completion of it, after which she can call herself a trained nurse. Many nurses who, trained some years ago, neglected to take their diploma—it then not being the rule to do so—now find they cannot get work either in hospitals or private institutes, and have to turn to and work for their examination.

These facts show that the act is working in the right direction, and perhaps it is better that it should be so doing in a gradual manner; thus the public opinion of nurses, and so later of the community, will not be far behind legislation. Then when we amplify and add to our legislation it will have the support of the profession and be effective, whereas if the profession and public are not ready to receive legislation it would be inoperative.

I will specify a few imperfections, or what I consider such, in our act.

1. There is still nothing to prevent a woman untrained or partially trained

from styling herself "trained nurse," and we have many such. Now, the act should make the term "trained nurse" one which can apply only to a nurse who is registered, that is, to one who has had three-years' training at a recognized school and passed the State examination or its equivalent. Anyone else using the term should be liable to prosecution. That is, we need a penalty clause. I may remark that I have used the term "trained nurse," but if the council can suggest a better, that one will do. What we want is a term which will connote a proper training and examination, and which belongs to nurses and nurses only, just as the term "doctor of medicine" applies only to a medical man. In time the Sarah Gamp will be unable to enjoy the perfectly free use of a title which belongs only to the trained and certificated nurse.

2. We have no provision for the removal of a nurse's name from the register should she be guilty of crime, or conduct "infamous in a professional respect."

3. I venture to suggest, even though I may tremble at the thought of what our council would say to such a thing, that some at any rate of the members of the council should be trained nurses who could discuss and vote on nursing questions. Probably in time there will be a Nursing Council; some of these should be trained nurses. At present the members of our council are all men.

4. In the same way, I think the examination should be conducted in part by trained nurses.

The great gain which would follow from the two latter additions does not need to be pointed out.

The Cape Colony was among the first countries to enjoy State registration for nurses, but we do not enjoy the full benefits which ought to follow State registration; that will only come gradually.

At this stage Miss Dock handed round for inspection no less interesting a document than the framed certificate of registration as a nurse granted by the Board of Examiners of the State of New York. Its interest was enhanced by the fact that it was the property of a German lady who had graduated in that State.

Re Naval and Military Nursing.—Numerous memoranda were handed in, among them "The Nursing Directory," by the Matrons' Council of Great Britain and Ireland, containing regulations for the naval, military, and Indian army nursing services of Great Britain and Ireland; "The Regulations for the Army Nurse Corps of the United States," by Mrs. Dita H. Kinney, Superintendent; "The Articles of the Geneva Convention, 1864;" "The Part of Woman in the Care of Sick and Wounded Soldiers" in England, Germany, France, Russia, Norway and Sweden, Austria, Italy, Japan, etc., by Dr. Roger Colomb, of Bordeaux.

Re Registration.—The acts for the registration of nurses in Cape Colony and Natal, South Africa.

The act for the registration of nurses, 1901; syllabus of subjects for examination, and register of trained and qualified nurses, New Zealand, 1903.

The five acts for the registration of nurses in the States of New York, Virginia, New Jersey, North Carolina, and Maryland, U.S.A., and the form of application for registration of training-schools for nurses in New York State.

The annual report of the Society for the State Registration of Trained Nurses, 1903-1904.

The "Bill to Regulate the Qualifications of Trained Nurses and to provide for their Registration," drafted by the above society.

LAVINIA L. DOCK, Honorary Secretary.

The report of the Conference on Education will be given in our next issue.

(To be continued.)

CONFERENCE OF DISTRICT NURSES AT PORTLAND, ME.

FOR thirty-one years the National Conference of Charities and Correction has been meeting annually to discuss the problems which confront both new and old workers in philanthropy, ever broadening its lines and enlarging its horizon.

Special interest was taken in the meeting recently held at Portland, Me., by district and visiting nurses because for the first time they were recognized as a growing and interested body of workers in the cause of social uplift.

At the instigation of Dr. Brackett, the president of the conference, long identified in both public and private charity in Baltimore, a special conference of visiting nurses was held immediately preceding the general conference. Miss Hitchcock, of New York, who had been chairman of the Committee on Arrangements, acted as chairman, and Miss Carr, of Newport, as secretary.

Dr. Brackett, with many other representatives from charitable societies not directly connected with nursing work, were close and interested attendants throughout the meetings, and nursing societies from as widely separated localities as Oregon, Omaha, Chicago, St. Paul, Denver, Richmond, Baltimore, New York, Philadelphia, Cleveland, Boston, and Maine were represented.

The discussions were very informal but interesting, though they brought out more especially problems and methods of each community rather than the general discussion of principles and methods applicable to all.

That skilled nursing and instruction must go together was clearly brought out in the discussion on the question as to whether the educational and instructive features of visiting nursing should be given such importance as to make skilled nursing only of secondary consideration. The nurse goes into the home as a nurse; she should give of her best knowledge and skill to the sick poor as well as the rich, but as she cannot give all her time to each patient, proper and intelligent instruction must be combined with it.

Miss Thompson, of Chicago, opened the discussion, and was followed by Miss Wald, of New York; Miss Carr, of Newport; Miss Anderson, of Orange; Miss Stark, of Boston; Miss Campbell, of New York; Miss Leut, of Baltimore, and Miss Cabaniss, of Richmond.

The discussion on methods to be pursued in caring for sick patients at night was opened by Miss Wightman, of Philadelphia, who said a care-taker is employed by many societies, others employ pupil nurses from the hospitals, or a graduate sometimes gives her services.

Miss Leut, of Baltimore, told of the care-takers' class there, where picked and trustworthy women are instructed by the nurses, and are found very helpful. This plan was found to have been tried in Chicago and not found satisfactory.

The general opinion was that the family can be depended on, as a rule, to provide this special care for themselves, or through the help of a charity organization society a care-taker for a short time can be secured.

The question regarding the care of contagious cases brought out the difficulty of the nurse, especially in the smaller cities, where there is no adequate hospital provision at present.

Miss Stark, of Boston, said the nurses there did visit in exceptional cases, making it their last visit of the day, and keeping a reserve suit.

Miss Carr said that in Baltimore instruction is given, and antitoxin and sick diet provided.

In Worcester the Board of Health sends a nurse, which is now done in New York by the provision of three nurses by the Board of Health, one for scarlet fever, one for measles, and one for diphtheria.

Miss Wald, of New York, gave an interesting account of the work recently instituted in the lower part of the city. That the nurse is an indispensable factor in the campaign against tuberculosis is apparent, where instruction and the inspection and regulation of the home play such an important part as they do in the treatment.

Miss Damer, of New York, gave an account of the work being done at Bellevue Hospital, where three nurses are engaged in connection with the Out-Patient Department. The hospital provides milk and eggs for those unable to procure them. The Board of Health also employs eight nurses in the same work.

Miss Thelin, of Baltimore, said two nurses were employed in this special work.

In Boston it is done by the regular nurses of the association, and the diet kitchen provides the nourishment.

The discussion on the question of relief by nurses brought out the tendency on the part of the nurse very often to undertake to relieve the necessities of the whole family, though the general opinion was that there should be close coöperation with other agencies whose workers are trained for this especial work, as the nurse is for hers.

Miss Damer emphasized this, speaking from her own experience as a nurse and a former agent of a Charity Organization Society. She said that a nurse should not be looked upon as an almoner by the family, and spoke of the dangers we are apt to fall into by our lack of knowledge of general conditions.

Central homes and the community life in opposition to freedom of choice in selecting one's home brought out some sharp differences of opinion colored by the local experiences of the speakers. The settlement idea was advocated by some as giving opportunities for stimulus and diversion by contact with other social workers. In one city the nurses are forbidden to live in the settlements, the idea being that it is best to be away from their work after working hours. All agreed that home life in opposition to the boarding-house is desirable.

It was interesting in the discussion on the next question to find the association which took the strongest position against the community life the most pronounced in favor of the community dress or uniform. It was generally agreed that while the advantage of a wash dress was obvious, there was no necessity in these days when the school-teacher and the settlement worker go through the same neighborhoods unlabelled for the nurse alone to wear a uniform.

Considering the organization of a Federation of District Nurses, it was felt that our local, State, and national societies gave us a sufficient platform for the discussion of nursing methods, and Miss Damer suggested that instead of organizing separately we ally ourselves with the National Conference, where we can have an opportunity of meeting with other social workers.

As a result of this meeting, which was so generally interesting and helpful, a special section of the conference will be given at future meetings to the care of the sick, with two sub-committees, one on the warfare against tuberculosis, and the other on visiting nursing. District nurses have been appointed on all these committees.

ANNIE DAMER, New York.

STATE MEETINGS

MASSACHUSETTS STATE MEETING.—The Massachusetts State Nurses' Association held its first annual meeting on June 14 at Potter Hall, Boston.

After the routine business was transacted the Census Committee made a very interesting report, giving the number of training-schools in Massachusetts with the courses of instruction.

The Legislative Committee made its report, giving the details of the presentation of the "bill" for registration of nurses.

The nurses assembled then listened to a very interesting address by Rev. Eugen Shippen on "Amateurism vs. Professionalism." Mr. Shippen's address was an inspiration to all nurses who heard him. He defined very clearly the difference between one who is an amateur in a profession, and one who has received careful and thorough training. He urged upon nurses the necessity of maintaining a high professional standard.

Mrs. Kate Garnett Wells made a plea for more extended educational advantages for the nurse in training, so that she may go out into the world to practise her profession with a wider knowledge and broader sympathies to meet the various demands made upon her.

Mr. Alden P. White spoke on "Legislation for the Nurse." Mr. White, who is one of New England's distinguished lawyers, spoke on the need of registration for the nurse, as a protection to herself, the physician, and the public. He spoke in very favorable terms of the masterly manner in which the Legislative Committee had conducted the presentation of the "Registration Bill," saying "that with such a leader as Miss M. E. P. Davis the services of an attorney were little needed. He urged all present to take an active interest in the campaign to secure a bill for the protection of the professional nurse, and to interest, by intelligent conversation, their friends and neighbors, so that when the matter is agitated next fall the entire community may be properly informed of the purposes of the association.

The following officers were elected to serve for the ensuing year: President, Miss M. M. Riddle; first vice-president, Miss P. Dolliver; second vice-president, Miss L. Richards; treasurer, Miss Robertson; corresponding secretary, Miss Tisdale; recording secretary, Miss Rachel A. Metcalfe.

At the close of the meeting an informal reception was held and supper was served later in an adjoining hall.

R. A. METCALFE,
Recording Secretary.

[THE Massachusetts State Nurses issued a circular during their campaign that may be read by the nurses of other States with advantage. Not only those nurses in States that have not yet secured legislation, but in States where the law is in operation, are in need of a clearer comprehension of what this great movement aims to achieve.—ED.]

REASONS WHY GRADUATE NURSES SHOULD DESIRE STATE REGISTRATION

"How Can Registration Protect the Graduate Nurse?"

"It will set a standard of excellence and nursing education. It will give a legal status, so that the professional nurse will be the registered nurse. It can prevent a probationer who was not accepted because of her unfitness, or a pupil who was dismissed for cause, from posing as a graduate nurse. It can prevent employes of hospitals and sanatoria, who are attracted by a higher

social position or larger remuneration, from successfully palming themselves upon the public as duly qualified graduate nurses.

"The Qualifications of a Graduate Nurse Should be Determined by Registration.

"In view of the responsibility of the duties of the graduate nurse, it would appear to be as essential on general principles that the qualifications of the nurse should be determined and fixed by registration as the qualifications of the physician, pharmacist, or dentist should be fixed by law. It would also appear that the minimum qualifications of the nurse should be ascertained by a Board of Examiners, selected from her compeers, thus following the same lines laid down for the physician, pharmacist, or dentist.

"No Restriction on Home Nursing or Nursing for Wages.

"Unlike the registration obtained by the professions or trades or crafts who have sought protection by legislation, "graduate nurses" do not ask that untrained or unskilled or unregistered nurses should be restrained from following their vocation, neither do they ask to deprive the public of its right to make a free choice by compelling it to employ only registered nurses. Graduate nurses ask that the educational standard of nurses shall be made legal, that coming up to the standard and fulfilling its requirements shall alone constitute a nurse to be recognized as a professional or registered nurse.

"Appeal to Graduate Nurses.

"On these grounds we make an appeal to every graduate nurse in the State of Massachusetts to help place her profession on the right basis.

"Graduate nurses who have given two or more years in order to become familiar with the theory and practice of nursing, and who have met the sacrifices, deprivations, and adverse conditions accompanying such study, and have received at the end a diploma which does not give them a legal status, and, in addition, a competition with the unskilled multitude whose work is born of necessity and not of intelligent education, should rise to the knowledge of what has been accomplished for the graduate nurses of the States of New York, New Jersey, North Carolina, and Virginia.

"What a Graduate Nurse Can Do to Bring About Registration.

"Interest the physicians, your patients and their friends in the matter. If you know any influential persons who are interested in all good reform movements, endeavor to enlist their efforts in the cause. Try to secure the influence of every legislator whom you know, or his friends. Speak about registration to every nurse whom you meet. Inform yourself what it means to be a registered nurse. Forward any ideas that may strengthen the movement to the Legislative Committee of the Massachusetts State Nurses' Association. Be present at the hearing of the House Bill No. 564, relative to the State registration of nurses, and be prepared to state why you recommend its passage."

VIRGINIA STATE MEETING.—The fourth annual convention of the Virginia State Nurses' Association was held on May 24, 25, and 26 at St. Vincent's Hospital, Norfolk, Va.

There was an executive session on Tuesday, May 24, at five p.m., all the officers of the association being present. The first general session was opened Tuesday evening at eight o'clock with prayer by the Rev. Father Brady, after which the audience was most delightfully entertained by vocal and instrumental music and recitations. The president, Miss S. H. Cabaniss, made the annual address, after which the minutes of the last convention were read and approved.

The chairman of the Nominating Committee announced the nominations for the election of officers for the coming year.

The second session was called to order by the president, and opened with prayer by the Rev. Dr. Barr. An able address of welcome was delivered by Dr. Gwathing, of St. Christopher's Hospital, Norfolk, Va. The roll was then called by the secretary with a satisfactory response.

The superintendents of all the training-schools of the State being present asked for an extra session that they may discuss matters which would further the interest of their schools.

Miss May Whitehead read a paper on "Pneumonia," and then the report of the proceedings of the National Association was read by the Virginia State delegate.

The subject of affiliation with the National Association was enthusiastically discussed, with a unanimous vote in its favor as the result. Miss Leah de Lancey, corresponding secretary for the State association, Norfolk, Va., was elected delegate to the National Association to be held in Washington, D. C., in 1905, and Miss Ions, of Petersburg, as alternate. Nominations for vacancies on the State Board were made, to be submitted to the Governor. The meeting then adjourned for a magnificent luncheon given by the Alumnae of St. Vincent's Hospital. Covers for a hundred were laid.

The afternoon session was opened by a paper on "The Obligations and Opportunities of a Nurse," by Miss Rutherford, of Johns Hopkins Hospital. The question of the purchase of stock in *THE AMERICAN JOURNAL OF NURSING* by the local alumnae of the State was much discussed, and a committee to lay the matter before the local societies was formed. Domestic Science Course was discussed with much spirit, especially by the superintendents of the training-schools, and a committee was formed to interview the Superintendent of Public Instruction in regard to the matter.

The next general session was called to order by the president, and an excellent paper was read by Miss Traylor, of St. Vincent's Hospital, on the "Importance of a Review of Ourselves as Nurses."

A very important and practical paper on "Sick Benefit Fund" was read by Miss R. Z. Van Vort, superintendent of the Memorial Hospital, Richmond, Va. The subject was then discussed with much interest as to the ways and means of raising this fund, and a committee was formed, composed of nurses from different sections of the State, to work the matter up.

The chairmen of the standing committees were appointed by the president, as follows: Nominating Committee, Miss Leah de Lancey; Publication Committee, Miss Emily Jones; Arrangements Committee, Miss Randolph.

Honorary members of the association were elected as follows: Sister Helen, St. Vincent's; Dr. Gwathing, St. Christopher's; Miss Rutherford, Baltimore; Mrs. Baldwin, Protestant Hospital.

The ballot for officers for the year 1905 resulted as follows: President, Miss S. H. Cabaniss; first vice-president, Miss Whitehead; second vice-president, Miss Besley; third vice-president, Miss McKinley; treasurer, Miss Randolph; corresponding secretary, Miss de Lancey; recording secretary, Miss Webb.

The meeting adjourned after the reading of resolutions of thanks to the Norfolk Nurses' Association, to the various hospitals, to the press, and to the car company for the courtesies extended to the convention while in their city.

Wednesday evening the convention was given an elegant reception by the

Protestant Hospital, and Thursday a delightful banquet was also given by the Norfolk Nurses' Association at Hampton Roads Yacht Club. Then the members dispersed, going in different directions to their homes, with bright and happy hearts, and they will ever look back with pleasure at the convention of 1904, held in the City by the Sea.

ELIZABETH H. WEBB, Recording Secretary.

VIRGINIA STATE NURSES.—The Graduates Nurses' Examining Board of Virginia held its second session at the Protestant Hospital, Norfolk, Va., on Friday, May 27. The entire day, with only one hour for lunch, was given to the business of the board, the following members being present: Miss Minor, Mrs. Glasgow, Miss Cabaniss, and Miss De Lancey. Miss Watkins has signified her intention of resigning, but has not officially done so. It was decided that we recognize the requirements of the boards of New York and Maryland, and that North Carolina be recognized for one year.

The subject, "The Required Standard of the Training-Schools," was discussed, and Miss Minor and Miss Cabaniss were appointed a committee to confer with the superintendents' committee as to the curriculum of study, etc.

About eighty-five applications were examined, many of them demanding careful attention. A great lack of knowledge of the act regulating the professional nursing of the sick was shown by the applications from nurses throughout the State, and it is regretted that nurses as a class do not take more interest in the nursing journals, where the law has been published and fully commented upon. It has also appeared in many of the newspapers throughout the State. Nearly a thousand copies of the law have been distributed by the secretary of the association and board, but evidently with little result as a knowledge-bearer. It is hoped that the superintendents will bring this act to the notice of their pupils, as it is well for all to know that we are a profession and must be business-like and professional in our dealings with one another.

During the session of the House the past winter we have been threatened with amendments. Doctors with limited knowledge of the law and of the nursing profession, lawyers whose practice you could not discover with a compound microscope, yet with commendable energy, judging by the reams of foolscap they have written, have interested themselves in behalf of a few nurses who care nothing for the good of all and who have thought to intimidate the leaders in the movement by seeking such influence. But by the true legal wisdom of our counsel, Mr. Glasgow, who has so kindly befriended us, and by the tact and diplomacy of our president, Miss Cabaniss, we have steered clear of the political public and our law stands intact.

As in other professions who have established boards, in order to get the act through it was necessary to permit those who were then engaged in nursing to continue without examination provided application was made within twelve months from the passage of the act. Some hospital graduates have found it hard to understand the justice of giving a license to a non-graduate as well as the graduate, but this will prove to the ultimate elevation of the profession by not allowing any additional ones to come in.

To quote our counsel, "Any stand taken by the board to prevent the registry of those who held themselves out as professional nurses prior to the passage of the act, or who were engaged in nursing as a calling when the act was passed, would very likely lead to consequences not desirable."

If we would advance surely we must go slowly.

Up to May 13 three hundred and forty-eight applications of practising nurses had been received—also about sixty or seventy pupils had filed applications without fees.

At the present writing three hundred and thirty certificates have been issued; of the remainder some had to be returned for correction, others await replies to inquiries made. In the latter class we have some whose moral standing is somewhat doubtful. Some of these nurses have thought to terrorize us with sheets of legal documents; others have thought it best to withdraw their applications. One nurse whose application came in after May 13 has been given a special examination by Misses Minor and Cabaniss.

The treasurer's book, May 13, 1904, shows receipts of one thousand seven hundred and fifty-three dollars; expenditures, one hundred and thirty-three dollars and seventy-five cents, leaving a cash balance of one thousand six hundred and nineteen dollars and twenty-five cents.

LEAH DE LANCEY, Secretary.

NORTH CAROLINA.—The North Carolina State Nurses' Association held its second annual meeting in Raleigh on May 26 and 27. The attendance was very gratifying, and a number of new members were admitted.

The welcome exercises were opened with prayer by Rev. M. M. Marshall, and the meeting was presided over by the president of the association, Miss M. L. Wyche, R. N. The address of welcome on behalf of the State was made by Attorney-General Gilmer. Dr. P. E. Hines welcomed the organization in behalf of the city and as a resident physician. Dr. Delia Dixon-Carroll addressed the nurses on the interesting topic of "The Relationship of the Doctor and the Nurse." Several solos were charmingly sung by Mrs. E. C. Duncan and Mr. A. C. Jackson.

The general sessions were devoted mainly to business, the election of officers, and the discussion of the advisability of making any changes in the Nurses' Bill; also higher standards in training-schools were discussed. It was deemed wise to leave the bill in its present form this year, and to ask the State Board of Examiners of Trained Nurses to prepare a list of suitable questions on reading, writing, and arithmetic, to be used by the hospitals for examination of probationers.

Interesting talks were made by Dr. Frank H. Russell, of Wilmington, and Dr. M. H. Fletcher, of Asheville, chairman of the State Board of Medical Examiners, on preliminary education of nurses previous to entering a training-school. Among the important matters discussed was the plan to have a Nurses' Training Department at the State Normal and Industrial School.

A very interesting paper was read by Miss Evans, of Asheville, on "Tuberculosis and Its Treatment."

A delightful banquet was tendered the association by the Raleigh nurses, and was greatly enjoyed by all.

Several new officers were elected; Miss M. L. Wyche, R. N., of Durham, was reelected president.

The meeting was a success, and all were warm in their praises of the hospitality of the "Capital City," and adjourned to meet next year in Winston-Salem.

Previous to the meeting, a number of nurses passed the examination by the State Board.

CONSTANCE E. PFOHL, R. N.,
Secretary State Association.

IOWA STATE NURSES' ASSOCIATION.—The Iowa State Association of Graduate Nurses held its first annual meeting at Science Hall, Davenport, June 1 and 2, with the president, Miss Estella Campbell, in the chair.

The association now numbers one hundred and twenty-six members. The article on membership of the constitution, which reads, "Individual nurses residing in Iowa, etc.," was amended to read, "Individual nurses residing in Iowa, or nurses who have graduated from general hospitals in Iowa, etc."

Miss Morton, of Des Moines, gave an interesting report of the work of the Committee on Legislation. After the introduction of the Registration Bill in the State Legislature the Committee on Public Health reported favorably. It was referred to a sub-committee, where it was indefinitely postponed, the objection, our request for a State Board of Nurses. The Iowa nurses are disappointed, but not discouraged, as they feel that much knowledge and experience has been gained which will be invaluable when the bill is again presented at the next session.

A number of instructive and entertaining papers were read at the various meetings. The officers elected for the following year are: President, Miss Estella Campbell, Des Moines; first vice-president, Miss Clara L. Craine, Davenport; second vice-president, Mrs. C. M. Metcalf, Cedar Rapids; secretary, Miss Esther Maxwell, Davenport; treasurer, Miss Jane Garrad, Davenport.

The president was elected a delegate to represent the Iowa Association at the national convention next year to be held in Washington, D. C.

The meeting closed with an enjoyable dinner at the Outing Club, where Miss Long, of Des Moines, expressed the appreciation of the visitors to the Davenport nurses for the royal manner in which they had been entertained.

The next meeting will be held in Cedar Rapids on May 31 and June 1, 1905.

SADIE McMILLIN,

Chairman Publication and Press Committee.

CONNECTICUT STATE MEETING.—The Graduate Nurses' Association of Connecticut met at Hartford on May 28. The first session was called to order by Miss Martha J. Wilkinson, in the absence of the chairman of the association. Rev. C. H. Twitchell opened with prayer, which was followed by an address of welcome by Dr. Kennister, superintendent of Hartford Hospital. Mrs. Anna M. Lockerty was appointed chairman. The discussion and adoption of by-laws followed.

The second session was called at three p. m. The Rev. Mr. Miell made an address, which was followed by the election of officers. The following were elected: President, Mrs. Mary D. Fuller, Hartford; first vice-president, Miss H. M. Jones, Hartford; second vice-president, Miss Catherine Fenn, New Haven; corresponding secretary, Miss E. L. Foelker, Bridgeport; recording secretary, Mrs. Bell Wilcox, New Haven; treasurer, Mrs. Martha J. C. Smith, New Haven.

An address followed by Miss Linda Richards, of Taunton, Mass. The meeting adjourned to meet in Bridgeport, September 14.

E. L. FOELKER, Corresponding Secretary.

INDIANA.—A meeting of the Executive Board and officers of the Indiana State Nurses' Association was held in Indianapolis on Tuesday, July 5, at the City Hospital.

Reports were read from the Legislative, Nominating, Publication, and Credentials Committees, showing much work done in a quiet way during the last six months. Arrangements were completed for the annual meeting in September to be held in Indianapolis, at which time a copy of the bill for the registration of nurses in the State of Indiana will be presented.

FLORENCE MARY GRANT, Secretary.

PENNSYLVANIA STATE MEETING.—Report of the third quarterly meeting of the Graduate Nurses' Association of Pennsylvania:

The opening meeting of the convention of the Pennsylvania State Association of Graduate Nurses met at Erie on July 20 and 21 in the Chamber of Commerce. It was a most enthusiastic meeting and was entered into with a keen interest by all present. Papers of marked merit were read and discussed. Much attention was given to a discussion of the proposed bill which will be introduced into the State Legislature providing for the registering of all graduate trained nurses. Miss Brobson, of Germantown, Pa., president of the State association, opened the meeting. She introduced Rev. Mr. Benze, who offered prayer. An address of welcome was given by Dr. Sillman, who spoke most enthusiastically and encouragingly of the value of the association and its help to the medical profession.

Wednesday evening Mayor Hardwick, chairman of the Entertainment Committee, delivered the following address:

"I need speak only a few words at this time. First of all, let me thank you for the privilege and honor you have given me in inviting me to be present. I think the great word for our day is 'Service.' Every true man and woman wants to be a force somewhere, and whatever we have—money, talent, or influence—should be used in such a way as to help others. And if there is a class of persons who more than anyone else are giving their lives in service to other people, I think all will agree with me that it is the noble band of women who are devoting themselves to the care of the sick and injured, and making that tender ministry the profession and business of their lives. It is all the more worthy of praise because it does not offer ease or distinction or great reward, but calls for self-denial and patience and skill equal almost to that of a physician.

"A trained nurse is one who carefully prepares herself to meet any demand that may be made upon her, however exacting that demand may be. She comes in contact with the home life when its skies are clouded and under the most tender and painful circumstances, and proves her value at such a time. And that she may better render the services needed, it is the object of this association to give her the benefit of careful instruction and training. I think we all find ourselves in hearty sympathy with this object of the 'Trained Nurses' Association, and I hope they may be successful, through the influence of their friends, in obtaining such legislation as may be needed to secure the most capable service from all to whom we intrust the care and precious lives of our sick.

"Nursing is a profession requiring a high degree of ability and training. It is a profession that is growing in dignity and value in the estimation of the people, and I hope everything that is needed for the good of the profession may be secured, since it means so much to the sick and the whole community.

"We heartily wish for you every aid that is needed to make you more skilful in your noble life of service in behalf of your fellow-beings."

In response to this address Miss Brobson, chairman of the State association, said:

"We are glad indeed to hold this, our third quarterly meeting, with our Eastern members and friends, and we greatly appreciate the hearty welcome you have given us. We also hope to leave you very enthusiastic in the cause of State registration.

"The purpose of this meeting is to interest you and to familiarize you with the great object for which we are working. Since our last meeting we have endeavored by means of a printed circular to present to every nurse in the State the reason why we have organized and the necessity for her coöperation. You will also hear at this meeting the article written for the *JOURNAL* by Miss Dock, which so thoroughly explains the necessity of this movement. And we hope you will all realize your responsibility. If success is to crown our efforts, we must all work, work together and work well, putting all selfish interests aside—work for that which will undoubtedly uphold the honor and dignity of our profession and be a safeguard to the public whom we serve.

"We ask the members here present to give calm and deliberate thought to the questions that will arise at this meeting, that your decision be wisely given for the good of the greatest number."

Following this was a paper on "The Power of the Press as an Aid to Registration," by Miss Duncan, of Pittsburg, Pa., which was a very able exposition and was listened to with close attention by all.

Miss Brooks, of Erie, read a paper prepared by Miss Dreuman, of Harrisburg Hospital, on the "Ethics of Nurses." It was a very comprehensive discussion and brought out many valuable suggestions.

The chairman of the Membership Committee reported favorably on one hundred and eighty-five applications, after which Miss Payne, of Philadelphia, Pa., read a paper on "Registration," prepared by Miss Banfield, of the Polyclinic Hospital, Philadelphia, Pa.

Refreshments were served the nurses after adjournment through the kindness of Mrs. W. C. Beers, and then all enjoyed a trolley-ride.

An informal reception was tendered the nurses at night at the Chamber of Commerce. The hall was beautifully decorated and presented a cheerful appearance. A large crowd was in attendance and a delightful time experienced. Many of the leading citizens of Erie were present, and each one entered into the spirit of the function with hearty enthusiasm, making known their appreciation of the efforts of nurses in raising their profession to such a high standard. Several spoke briefly on subjects of interest touching the purpose of the gathering.

Senator S. A. Sisson and Dr. E. F. Cranch, who has served on the State Examining Board for years, spoke on the proposed bill and gave it their support, as did Dr. F. A. Goeltz.

Rev. J. C. Wilson and Rev. Father Cauley were also among the speakers. Both told of personal experiences and congratulated the nurses upon what they have accomplished for the good of mankind. During the evening vocal selections were rendered by the Gum-Drop Quartette, consisting of Messrs J. C. Diehl, Charles S. Hooper, Charles J. Haller, and H. R. Barnhurst.

After the intellectual food had been devoured, Miss Hinch, superintendent of the Training-School at Hamot Hospital, and Mayor Hardwick led the way to the prettily decorated dining-hall, where the ladies of Sanford Chapel had

prepared a repast. A full orchestra discoursed music while a bounteous menu was being served.

The morning session of the second day was largely attended. A general discussion on the proposed bill was carried on and opinions were expressed freely. The routine matter of business was gotten out of the way and an adjournment was then taken. At one o'clock the nurses were guests of Mrs. C. H. Strong at luncheon at the Country Club. A delightful time was enjoyed by all. The convention was a most successful one in every respect, and the ladies who were present from the various parts of the State will return to their homes full of fresh enthusiasm and courage.

The next meeting will be held in Philadelphia, Pa., on October 26, 27, and 28, as guests of the Philadelphia County Nurses' Association.

MRS. GEORGE O. LOEFFLER,
Chairman Publishing and Press Committee.

REGULAR MEETINGS

[To make space for the report of the Berlin Congress, we were obliged to hold over all reports of the regular alumnae meetings until this issue.—Ed.]

PHILADELPHIA, Pa.—The regular monthly meeting of the Alumnae Association of the Training-School of the Hospital of the University of Pennsylvania was held on Monday evening, June 6, 1904, at seven o'clock. This was also the eleventh annual meeting of the association, the president, Miss Rudden, in the chair. The minutes of May meeting were read and accepted. The annual reports of the secretary and treasurer followed. It is most gratifying to know that half the amount necessary to endow a room for sick nurses in the University Hospital is now in hand. Miss Martha E. Brobson gave a most interesting report of the convention of the Associated Alumnae. The officers elected to serve for the coming year are as follows: President, Miss Anna L. Schulze; first vice-president, Miss Anna E. Brobson; second vice-president, Miss Emma K. LeVan; secretary, Miss Nellie M. Casey; treasurer, Mrs. Lucie H. Irwin; sub-treasurer, Mrs. Mary C. Bains. After the election of officers, Miss Rudden read as follows:

"With the echoes of the convention still ringing in my ears, it is with hesitancy that I address you on this, our eleventh anniversary. To outline a plan of work for the coming year would be almost impossible, as time brings its work with it, but I would urge upon you all the necessity of coöperation in the work we do undertake. Our alumnae is not limited in its purpose to a single object,—it has many aims,—and what we want among our members is unity of purpose and earnest endeavor. Attendance at the meetings should be considered not only a privilege and an honor, but a duty, and thus, by attendance, mutual interest, and harmonious working, we can and will accomplish much. Let us work together. Let us work with the object in view of making our alumnae stand at the head. Of late several nurses have asked me, 'What is there in it for me if I join the alumnae?' In answer I would say that through the alumnae of your school and the National Alumnae, all the opportunities of becoming a broad-minded nurse are put within your grasp. When women like Mrs. Robb, Miss McIsaac, Miss Damer, Miss Riddle, our own Miss M. E. P. Davis, and hosts of others urge upon us the necessity of organization, why should we doubt it? I pity the nurse whose outlook is so narrow that she cannot see

it in the correct light. Much has been done during the past year. Through the kindness of Miss Marion Smith we have established a Registry Board in the office of the hospital, and it is very satisfactory. The Pennsylvania State Society, which was started by us, is in flourishing condition and doing splendid work. The question of registration has been discussed for years and has now become an accomplished fact. Only by a complete system of registration will it be possible for trained nursing to attain to its full dignity. This is now our opportunity to aid in attaining this position. I could go on and talk on this subject indefinitely—it is one in which I take a great interest, but realizing that 'Brevity is the soul of wit,' I desist."

The meeting then adjourned until September. An informal reception to meet the graduating class of 1904 was then held at which refreshments were served. Miss Marion Smith, Miss Whiton, Miss Gainor, and Miss Malloy honored us with their presence on this occasion.

RICHMOND, Va.—The Alumnae of the Old Dominion Hospital Training-School for Nurses banqueted the graduates of the Memorial Hospital Training-School at the Jefferson on Wednesday, June 1, seven P. M., this being the first class to graduate from the Memorial Hospital, which opened its doors to the public July last. Miss C. V. Austin, former superintendent of the Old Dominion, was toast-mistress. The following toasts were responded to: "To our guests, the first class of the Memorial Hospital Training-School."

"But they shall find awake in such a cause.
Both strength of limb and policy of mind."—SHAKESPEARE.

Response, Miss Ballou.

"To Florence Nightingale."

"A lady with a lamp shall stand
In the greatest history of our land.
A noble type of good,
Heroic womanhood."—LONGFELLOW.

Response, Miss S. H. Cabaniss.

"To the Private Nurse."

"That which they have done, but earnest of the things they shall do."—TENNYSON.

Response, Elizabeth R. P. Cicke.

"To the O. D. H. A. A."

"Fame comes only when deserved, then it is as inevitable as destiny—for it is destiny."—*Hyperion*.

Response, Mrs. F. Smith.

"To our departed Alma Mater."

"The erection of a monument is superfluous; the memory of us will last, if we have deserved it in our lives."—PLINY THE YOUNGER.

Response, Mary Julia Moore. Impromptu toasts were responded to by Mother Connor, the friend of the probationer, junior, intermediate, and senior; by Miss Pattie Osborne, of the Class of 1902, and Miss Van Vort, the superintendent of the Memorial Hospital.

CHICAGO, ILL.—The Alumnae Association of the Illinois Training-School for Nurses closed one of the most successful years in its history, having recently been incorporated, adopted a new constitution and by-laws, and being well established on a business basis. On May 31 occurred the twenty-second com-

mencement exercise, at which a class of forty-four was graduated. We heard with sincere regret of Miss McIsaac's resignation, which took place July 1. We wish her every possible success in her new venture. It is the custom of the Alumnae Association to give their annual banquet the night of the commencement exercises, at which they entertain the graduating class. On this occasion a handsome mahogany clock was presented by the Alumnae Association to Miss McIsaac as a token of their appreciation of her work in the school, in the association, and with us as individuals. The toasts of the evening were:

"Health to our Future, a sigh for our Past,
We love, we remember, we hope to the last;
And for all the base lies that the almanacs hold,
While we've youth in our hearts we can never grow old."

Response by Winifred Evans, Class of 1894.

"There have been both men and women whose hearts were firm and bold,
But there never was one of fifty that loved to say, 'I'm old,'
So any elderly person that strives to shirk his years,
Make him stand up at a table and try him by his peers."

Response by Ellen Gossage Gill, Class of 1891.

" 'God bless the man who first invented sleep!
So Sancho Panza said, and so say I."

Response by Sarah Eliza Warwick, Class of 1900, night superintendent.

"Oh wad some power the giftie gie us
To see oursel's as ithers see us;
It wad frae monie a blunder free us,
And foolish notion."

Response by Hannah Erickson, Class of 1904. The toast mistress was Ida Millman Tice, Class of 1896.

PITTSBURG, PA.—The West Penn Nurses' Alumnae Association has held bi-monthly meetings on the first and third Wednesday during the past winter, the first monthly meeting being largely devoted to business connected with the association, and the second to the discussion of current events. The official board, of which Miss Helen Hunt is president, hoped that this frequent intercourse would develop a stronger feeling towards the maintenance of a high standard for the Alumnae Association, and such has been the excellent result. Towards the end of the season quite a desire for a stronger social element manifested itself. A benefit dance and euchre to add to the treasury from which to pay national dues, to send delegates to the State and to the National Nurses' Association, etc., was suggested and unanimously carried. Mrs. Clarence Ingram and Misses Robertson and Talbot were chosen to inquire into the feasibility of such a plan and later were empowered to make all arrangements for a fine, up-to-date entertainment in Braun's Academy on the last Thursday in April. The patronesses were mostly wives of prominent physicians, and included Mrs. C. O. Anderson, vice-president of the Alumnae Association; Mrs. J. Hartley Anderson, Mrs. J. W. Macfarlane, Mrs. M. C. Cameron, Mrs. L. W. Swope, Mrs. E. B. Haworth, Mrs. Percival Eaton, Mrs. John D. Milligan, Mrs. Peter Bechtel, Mrs. Clarence Ingram, Mrs. George McNish, Mrs. J. H. Armstrong, and Mrs. Lawrence Litchfield. The fifty members of the Alumnae Association worked very hard to make the evening a success, and in spite of most inclement weather the Reception Committee, Miss Nora Hickey, Miss Myette Lang, Miss Rosamund

Cooke, Miss Marguerite Anacker, Miss Mary Talbot, and Mrs. C. H. Ingram, welcomed a large number of guests; the treasury received a substantial addition to its general fund, and the dancing-hall, the card-rooms, and the dining-hall served for reunions not common among such a busy set as the trained nurses and the patrons and physicians whom they serve so faithfully. The function will long be remembered with great pleasure by those interested. The following officers were elected for this year: President, Miss Helen Hunt; first vice-president, Mrs. C. O. Anderson; second vice-president, Mrs. C. H. Ingram; treasurer, Miss Elizabeth Walley; secretary, Miss Leigh Thompson.

PHILADELPHIA.—The Nurses' Alumnae Association of the Hospital of the Protestant Episcopal Church in Philadelphia held its annual meeting in the Nurses' Home at eight p.m., June 7, 1904. Among those present was Miss Ada E. Payne, superintendent of nurses and honorary president of the association. Miss Kitchen, president, was in the chair. After reading and confirming the minutes of last meeting, Miss Jackson, delegate, gave a brief but interesting talk on the subjects discussed during the convention of the Associated Alumnae in Philadelphia. It is interesting to note that fifteen new members, as well as all the members of the Class of 1904, have joined the association during the past year. Other routine business having been disposed of, the election of officers for the ensuing year was in order. The following were elected: President, Miss Anna S. Haines; first vice-president, Dr. Mary Esser; second vice-president, Miss Lucy I. Glover; secretary, Mrs. Ruby I. Stewart; treasurer, Miss S. Maude Mutchler; Executive Committee—Misses Mary E. German, Rebecca Jackson, Ada H. Havens, and Alice A. Pilkington; Entertaining Committee—Misses Elmira S. Price, Mary E. Harris, and Elmira Montgomery; journalist—Annie C. Nedwell. This brought the business part of the meeting to an end, and the remainder of the evening was given up to receiving and entertaining the graduating class and also the senior class. Music and games were enjoyed and ice-cream and cake were served.

PHILADELPHIA.—The annual meeting of the Nurses' Alumnae Association of the Methodist Episcopal Hospital was held in the chapel of that institution on Thursday, May 26. The meeting was called to order by the president, Miss Lena Townshend. There were nineteen members present. Four new members were elected. The yearly reports of officers and committees were presented and accepted by the association. The following new officers were elected for the ensuing year: President, Miss Louisa Kurath; first vice-president, Mrs. Edith Kranz; second vice-president, Miss Margaret Wilson; third vice-president, Miss Jennie Wick; corresponding secretary, Miss Dorothy Ferree; recording secretary, Miss Emma Stern; treasurer, Miss Sarah Balsbach. In appreciation of the good and extra work done by the corresponding secretary, Miss Kurath, during her two-years' term of service the association presented her with a handsome dress-suit case. After the regular business meeting the following programme was rendered: Short address, Mr. O. R. Edwards, superintendent of the hospital; address by C. W. Shoemaker, of Bridgeton, N. J.; mandolin and guitar duet, Misses Ferree; president's annual address; piano solo by Miss Moyer; report of delegate to Pennsylvania State meeting, Wilkes-Barre, by Mrs. Katheryn Koch Osborn; piano solo, Miss A. Müller; report of delegate to Convention of the Associated Alumnae, Philadelphia, by Miss Anna Wetherill; piano solo, Miss Müller.

CLEVELAND, O.—The annual meeting of the Graduate Nurses' Association was held in the Young Men's Christian Association Building on May 31. Most encouraging reports were read from Miss M. L. Johnson, superintendent of the Visiting Nurses' Association, also from Mrs. E. A. Smith, registrar of the Central Registry for Nurses, both of which institutions were originated by the Graduate Nurses' Association. It was unanimously voted to elect Miss M. Helena McMillan an honorary member of the association, she having been one of the founders and most energetic workers in it during her stay in Cleveland. A vote of thanks was tendered the Young Men's Christian Association for the use of their rooms, and on motion it was decided to send a small check as a mark of appreciation. Reports from the officers showed the past year to have been the most successful in the history of the association, a most instructive programme having been provided and thirty-one new members being admitted. The principal work, however, was starting the Central Registry, which, although in its infancy, is doing excellent work. The election of officers resulted as follows: President, Miss V. V. Lewis; first vice-president, Miss Elizabeth Hirschberg; second vice-president, Miss Lucile Smith; recording secretary, Miss Lauder Sutherland; corresponding secretary, Miss Minna Russell; treasurer, Miss F. F. Wright; councillor, Mrs. H. W. Randall.

BALTIMORE.—The annual meeting and reunion of the Alumnae Association of the Baltimore City Hospital were held at the hospital on June 1. There was a large attendance and the following six graduates were proposed and admitted as new members: Misses Adele Bond, Virginia Treuleib, Anna V. O'Leary, Nannyrle Q. A. Llewellyn, Densey H. Mitchell, and Mary G. Frazer. The president, Miss Eleanor Parker, spoke of State registration and explained the benefits arising therefrom. She also read the Maryland bill, and referred particularly to the progress of the association during the past year. Miss Sarah Ward, the delegate to the convention of the Associated Alumnae, read her very interesting report of that meeting, frequently emphasizing the courtesy and attention shown to visitors and members of the association during the session. Another interesting paper on "Practical Nursing" was read by one of the sisters, and other minor business matters were discussed. A resolution of regret was adopted referring to the retirement of Sister M. Imelds from the honorary presidency of the association and the superintendency of the hospital, owing to her election to the office of mother superior of her community. The meeting adjourned to the quarterly meeting, on the first Friday in July. In the evening the members of the alumnae and the entire nursing staff attended a banquet given by the sisters in charge of the hospital.

DAYTON, O.—On April 4 the Alumnae Association of the Miami Valley Hospital Training-School invited the graduate nurses of Dayton, O., and vicinity to attend a meeting for the purpose of forming a Graduate Nurses' Association. The meeting was called to order by Miss Crandall, who in a short address explained that the object was to form a society which will work to secure mutual protection and the advancement of State registration for graduate nurses. It was voted to form an association entitled "The Graduate Nurses of Dayton and Vicinity." At the next meeting officers were elected as follows: President, Miss Ella Phillips Crandall, superintendent Miami Valley Hospital, graduate of Blockley Hospital, Philadelphia; first vice-president, Mrs. Elizabeth Berline,

City Hospital, Cincinnati; second vice-president, Miss Gertrude Garrison, City Hospital, Cincinnati; secretary, Mrs. Mary E. Lease, Mary Thompson Hospital, Chicago; treasurer, Miss M. Louise Stone, University of Pennsylvania Hospital, Philadelphia; counsellors—Miss Agnes Byrn, Boston City Hospital, Boston; Miss Dena Christ, City Hospital, Cincinnati. After the adjournment of the business meeting a social time was enjoyed. The next meeting will be held July 27. Because of the newness of the association the meeting will be held once a month during the summer.

PASADENA, CAL.—The Pasadena Chapter of the Illinois Training-School, Chicago, celebrated the date of the annual parent reunion with a "consolation banquet" at the home of Dr. and Mrs. C. D. Lockwood. The banquet was doubtless less elaborate than the function at the Auditorium, but it is a certainty no Easterners revelled in the bushels of sweet peas that were entwined in ropes of green from ceiling to banquet board, and that overflowed into every possible nook and corner. The guests of the evening were resident Pasadena nurses and graduates of various schools, there being represented St. Luke's, of New York; Paterson General, New Jersey; Johns Hopkins, Maryland; Malden Hospital, Massachusetts; Wisconsin, of Milwaukee; Farrand, of Detroit; Los Angeles County, California, and Pasadena Hospital. The principal subject of discussion was the need of a graduate nurses' association, and it was decided to call together all resident graduates at an early date for the formation of such an organization. This is, we believe, the first gathering in Pasadena of graduate nurses representing so many different schools, and it was certainly a helpful and a happy affair. The hostesses were six private-duty nurses, and Mrs. Lockwood, a "plain wife," all of the Illinois Training-School.

MARION, O.—The graduates of the Ohio Sanatorium Company Training-School for Nurses met on June 2 at the Dr. C. E. Sawyer Sanatorium, Marion, O., and organized an Alumnae Association. Miss Lenore F. E. Loiselle, superintendent of the Ohio Sanatorium Company Training-School for Nurses, was appointed chairman for the meeting. A constitution was adopted, after which the following officers were chosen by ballot: President, Miss Helen Wommelsdorf, Cleveland, O.; vice-president, Miss Lilly Meyer, Sandusky, O.; secretary and treasurer, Miss Emma E. Belt, Columbus, O.; chairman of Programme Committee, Miss Lenore F. E. Loiselle, with Miss Dorothy Vaughn, matron of Mt. Airy Hospital, Massillon, O., and Miss Bertha Rowland, head nurse of Park View Sanatorium, Columbus, O. After business meeting the young ladies enjoyed a drive about the city, horses and surreys having been furnished for the purpose. A sumptuous dinner was served at six o'clock at the sanatorium. A concert in the parlors ended the day's programme. The annual Alumnae Day will be the first Thursday in June.

ORANGE, N. J.—A regular meeting of the Alumnae Association of the Orange Training-School for Nurses was held May 18, 1904, at the Visiting Nurses' Settlement, 24 Valley Street, Orange. Twenty-four members answered to the roll-call, but before the meeting adjourned thirty-two members were present and eight visitors. All enjoyed the excellent report of the Philadelphia Convention given us by our delegate. The anti-tuberculosis question was again brought before the association and much discussed, but no definite decision as to the extent

of the work which the Alumnae Association would recommend was decided upon. We were delighted to have with us Miss Rachel Metcalfe, who was formerly assistant superintendent at the Orange Memorial Hospital, and it was our pleasure by a unanimous vote to make her an honorary member of our association. Dr. Linn Emerson kindly gave us a very interesting and instructive talk on the "Eye and Ear," which was much enjoyed and appreciated and a vote of thanks accorded him. After the business meeting a pleasant social time with refreshments was enjoyed by all.

PASADENA, CAL.—The graduate nurses of Pasadena, Cal., who "number legion and come from the four corners of the earth," have organized themselves into the Pasadena Graduate Nurses' Association. At the initial meeting, held July 19, there were represented fifteen training-schools from various parts of the country, a circumstance that will doubtless insure an especially strong and active organization. State registration will, of course, be a foremost subject for consideration and effort, and in this it is hoped there will speedily be established coöperation with the training-schools of Los Angeles County and of the State. Meetings will be held at three P.M. the third Tuesday of each month at the Nurses' Home, Pasadena Hospital. The officers of the association are: President, Mrs. Sabina Pemberton, St. Luke's, New York; first vice-president, Miss Helen Scott Hay, Illinois Training-School, Chicago; second vice-president, Miss Margaret Orr, Paterson General, New Jersey; secretary, Mrs. C. D. Lockwood, Illinois Training-School; treasurer, Miss Elizabeth McGaffey, Malden Hospital, Mass.

PHILADELPHIA, PA.—The regular monthly meeting of the Philadelphia County Nurses' Association was held on Wednesday, June 9, 1904, at three P.M., in the College of Physicians, Thirteenth and Locust Streets, Philadelphia, the president, Miss Malloy, in the chair. A motion was made and carried that the Philadelphia County Nurses' Association extend an invitation to the Graduate Nurses' Association of the State of Pennsylvania at their next quarterly meeting, to be held in Erie, Pa., during July, to hold their annual meeting next October in the city of Philadelphia. Miss Whitaker told something of the work being done by the State Association, and the president appointed Miss Whitaker and Miss Casey to report progress of the work at our regular monthly meetings. General discussion on the advisability of a nurses' club-house followed, and on motion it was referred to the Business Committee. There were present nineteen members and four visitors. Meeting adjourned until October, 1904.

NORFOLK, VA.—The Graduate Nurses' Association of Norfolk, Va., held their meeting at St. Christopher's Hospital. After the routine business a motion was passed deciding to start a fund to be eventually placed in the State sick benefit fund, with amount already in the treasury, and a committee of three was appointed to look into the best means of increasing the same. Miss L. M. Higg's name was presented as an applicant for membership, to be voted on at the next meeting. The following officers were elected for the ensuing year: President, Miss Corlos; first vice-president, Miss McKinley; second vice-president, Miss Grey; recording secretary, Miss Taylor; corresponding secretary, Miss E. Smith; treasurer, Miss J. M. Wood; assistant treasurer, Miss Creekmore. At the adjournment of the meeting the nurses were entertained by Miss

McKinley, the retiring president. The next meeting will be held on October 4, 1904.

RICHMOND, Va.—The seventh annual meeting of the Old Dominion Hospital Alumnæ Association was held on May 30 at three P.M. at 315 East Franklin Street, the president, Miss Elizabeth Webb, in the chair. After the usual routine of the annual meeting several important movements were made and carried, the most noteworthy being the proposed purchase of one or more shares of THE AMERICAN JOURNAL OF NURSING. It was also voted that at each quarterly meeting there should be a paper read by one of the members on some topic to improve the "nursing profession." Miss Margaret Walker was appointed chairman of the Lecture Course Committee for the year 1904-1905. The following are the officers for the year: President, Miss Earnest Keiser; vice-president, Miss Laura Henninghausen; treasurer, Miss Julia Stiff; secretary, Miss Nannie Minor. A vote of thanks was tendered the retiring officers.

BEAVER VALLEY FALLS, PA.—The Alumnæ Association of the Beaver Valley General Hospital held its annual meeting and banquet at New Brighton on June 7, 1904, all the members except three being present. First the business meeting was held. The following officers were elected: President, Miss C. Dodds; vice-president, Miss M. Teets; secretary, Miss K. McCarriher; treasurer, Miss L. Beighley. Our alumnæ has been very successful. All the members take an interest and work together for the benefit of the association. After the business meeting an elaborate banquet was served. Mrs. Magee (ex-president) gave an interesting address. Toasts were responded to by Miss Beighley, Mrs. Atkins, Miss Teets, and Mrs. Price. Then after a very pleasant social hour we said "Good-night" with the hope that our association will be as successful in the future as in the past.

DANBURY, CONN.—The regular meeting of the Graduate Nurses' Association of the Danbury Hospital was held on June 18 at the office of Dr. Annie K. Bailey. The special order of the day was the welcoming of new graduates to membership. Appropriate words well suited to the occasion, the presentation of the constitution and by-laws of the association, and copies of the parliamentary law accepted by them, were given by Miss Susie Weichert. The fitting response for the Class of 1904 was made by Miss Emilie Miller. An interesting report of the meeting of the Graduate Nurses' Association of Connecticut, held in Hartford, Conn., on May 28, was presented by Miss Lulu Comstock. A stirring address was given on that occasion by Miss Linda Richards, in which she urged registration as desirable in many ways. The meeting adjourned until September 18.

PHILADELPHIA.—The regular monthly meeting of the Alumnæ of the Woman's Hospital Training-School, Philadelphia, was held at the Woman's Hospital on June 8, 1904, the president, Miss Anna Peters, in the chair. The names of Miss Laura O. Dickinson and Miss Mary E. Ball were proposed for membership. The members were pleased to learn that the Woman's Hospital Training-School is now sending their third-year pupil nurses to the General Hospital in Coatesville, Pa., for two months' experience in emergency work. An interesting discussion was held on the advisability of having a directory at the Woman's Hospital for the benefit of its graduate nurses, and a committee was appointed

to confer with the managers on this subject. After the meeting adjourned the members were kindly entertained by Dr. Seabrooke, physician-in-charge.

BOSTON.—The May meeting of the Nurses' Alumnae Association of the Massachusetts General Hospital was held on one of the pleasant verandas of the New England Baptist Hospital through the courtesy of the superintendent, Miss Emma A. Anderson. The veranda was made very cosy with rugs, settees, tables, and flowers. The report of the Benefit Fund Committee was favorably received, and it was voted to retain the committee and that further steps be taken towards raising such a fund. After an interesting discussion of the subject, "Central versus Special Directories," a committee was appointed to consider ways and means of managing a directory in a way that would be satisfactory to all concerned. Refreshments and a social hour completed a most enjoyable and profitable meeting.

CINCINNATI, O.—The annual meeting of the Jewish Hospital Alumnae Association of Cincinnati was held at the Jewish Hospital on June 4. Nine members responded to the roll-call. The following officers were elected: President, Miss Roberts; vice-president, Miss Kay; treasurer, Miss Thomas; secretary, Miss McGill; counsellors, Miss Strauss and Miss Tyrwhitt. A vote of thanks was given the retiring president, Mrs. Ilsen, for her cordial support and untiring efforts in the interests of the alumnae during her three years of office. Six new members were admitted to the association. The final arrangements for a trolley-party to be given in honor of the graduating class on June 4 were completed, after which the meeting was adjourned until the second Friday of October.

NEW YORK.—The regular meeting of the Alumnae Association of the New York City Training-School was held as usual at the New York Academy of Medicine on June 14. Miss J. Foote, chairman of the Sick Committee, reported that Miss Pauline Harris had been quite ill, but was convalescent. Miss E. Gilmour, chairman of the Entertainment Committee, gave a report of the reception. Miss Martha C. Drew was appointed financial secretary pro tem. in place of Mrs. Clinton Stevenson, who was unavoidably absent. Miss J. Amanda Silver gave a very interesting report of meetings of the Associated Alumnae in Philadelphia. Refreshments were provided by Miss Helen Sheehan.

TOLEDO, O.—The annual business meeting of the Toledo Hospital Training-School Alumnae was held in the Parlor of the Nurses' Home, Friday, May 13, at two-thirty P.M. It was the largest attended meeting of the year. The election resulted in the chairman of the Nominating Committee announcing the following officers elected: President, Miss Aileen J. Turner; first vice-president, Miss Rebecca A. Newell; second vice-president, Miss Luella Mugg; treasurer, Miss Emily Meads; secretary (re-elected), Miss Medora L. Cotton. Several very interesting subjects were proposed and earnestly discussed. The matter of revising the constitution and by-laws seems very imperative.

NEW YORK.—A meeting of Camp Roosevelt was held at 155 East Eighty-third Street on Monday, June 6, at eight P.M. There were present about fifteen members and several visitors. Miss Susie F. Saunders, captain, took the chair.

The minutes of the May meeting were read and approved of, after which a plan for the Spanish-American War Nurses' movement was shown and talked over, and several other items of business attended to. While refreshments were being served the announcement of the engagement of Captain Susie F. Saunders to Mr. Fred Adams, of New York, was made, their marriage to take place on June 27.

READING, PA.—The Alumnae Association of Reading Homœopathic Training-School for Nurses held its regular meeting on Saturday, June 18, 1904. Five members responded to roll-call. The following officers were elected for the ensuing year: President, Miss Annie Kaufman; vice-president, Miss Ella R. Snyder; secretary-treasurer, Mrs. Florence Keppelman Freese. The following were elected members of the association: Miss Carrie N. Will, Miss Sophie E. Moyer, and Miss Lillian M. Seitzinger. The next regular meeting will be held September 8 at the Homœopathic Hospital.

PHILADELPHIA, PA.—The regular quarterly meeting of the Philadelphia Polyclinic Alumnae Association was held on Thursday, June 9, at three P.M., at the Kay House. The usual routine of business was enacted. One new member admitted. Three applications for membership were received. The Committee on Arrangements for entertaining the Associated Alumnae during the convention held in Philadelphia in May extended a vote of thanks to the alumnae for the tea given at the Kay House to the Associated Alumnae.

BROOKLYN, N. Y.—The regular meeting of the Alumnae Association of the Long Island College Hospital was held on Friday, June 17, when there was a large attendance. The president, Miss Davids, was in the chair. After the usual reports from committees two new members were admitted and two more proposed. Miss Davids read a very interesting report as delegate to the convention in Philadelphia. The meetings were adjourned until the second Tuesday in September. Refreshments and a social time were much enjoyed.

BROOKLYN, N. Y.—The Alumnae Association of the Methodist Episcopal Hospital of Brooklyn held its last meeting for the summer on June 8, with a good attendance. The usual business was transacted. A very interesting report of the convention of the National Alumnae Association, held at Philadelphia, was given by our delegates, Miss Waterman and Miss Murray. There was an informal discussion as to ways and means of raising money for our twenty-thousand-dollars endowment fund.

PORTLAND, ME.—At invitation of the undergraduates, the Nurses' Alumnae Association held its regular May meeting at the Nurses' Home on Wednesday, May 25, the superintendent's rooms, hall, and reception-rooms being very prettily decorated in honor of the event. After the business meeting was held dainty refreshments were served, and the evening passed very quickly with music, a brief programme, and cards.

SYRACUSE, N. Y.—The Alumnae Association of the Hospital of the Good Shepherd, Syracuse, have elected the following officers: President, Mrs. Henry D. Burrill; first vice-president, Miss Irene M. Johnson; second vice-president,

Miss Edith Seymour; treasurer, Mrs. C. T. Brockway; recording secretary, Mrs. S. C. Dayan; corresponding secretary, Miss Jennie L. Cheesbrough, 1012 East Adams Street.

WILLIAMSPORT, PA.—The regular monthly meeting of the Alumnae Association of the Williamsport Hospital Training-School was held on Thursday, June 30, at the Nurses' Home at three P.M. Eighteen members were present. Dr. H. G. McCormick gave a most interesting and helpful address on "Acute Lobar Pneumonia," at the close of which he was given a rising vote of thanks.

NEW YORK CITY.—The regular monthly meeting of the Alumnae Association of Lebanon Hospital Training-School was held on Tuesday, June 14, the president, Miss Josephine McCaffery, in the chair. After the reading of the minutes, the report of the delegate, Miss Saffier, who attended the Associated Alumnae Conference at Philadelphia, was read. The usual social hour followed.

CHICAGO.—A few of the Spanish-American War Nurses in and about Chicago, after securing a charter from the National Association, met on May 10 and organized a camp to be known as Camp Nicholas Senn. The second meeting was held June 7 with an increased attendance. Meetings will be held regularly each quarter, beginning with the first Monday in September.

BATTLE CREEK, MICH.—The graduates of the Nichols Memorial Training-School of Battle Creek have formed an alumnae association. Constitution and by-laws have been adopted and plans for a directory considered. The officers are: President, Miss Ernestine Barker; vice-president, Miss Sara Gourlay; secretary, Miss Clara Maurer; treasurer, Miss Sara Vail.

BIRTHS

IN New Haven, May 26, to Dr. and Mrs. Otto Ramsay, a daughter. Mrs. Ramsay was Miss Cowling, of the Johns Hopkins Training-School, Class of 1896.

MARRIED

IN Osaka, Japan, February 25, Miss Margaret Osborn Cleaver to Mr. Frederic Parrott, of Kobe, Japan. Miss Cleaver was graduated from the Johns Hopkins Training-School, Class of 1891, afterwards studied medicine, and has been for some years practising in hospitals in the Far East.

MISS MABEL M. STOCK, late assistant superintendent Alleghany Hospital, Pittsburg, Pa., and graduate Toronto General Hospital, was married at her home, "The Pines," Watertown, Ont., to Mr. Errol Everard Armstrong, June 29, 1904.

ON July 19, at Tacoma, Wash., Miss Grace Thorpe Derickson to Mr. William Petit Trowbridge, both of Tacoma. Miss Derickson graduated from the Johns Hopkins Training-School, Class of 1899, and has since lived at her home in the West.

AT Embro, Ont., on July 16, 1904, Miss Margaret Sutherland, late night supervisor Toronto General Hospital Training-School for Nurses, to Mr. John Phillips, of Chicago, Ill. Mr. and Mrs. Phillips will reside in Chicago.

IN Omaha, Neb., April 20, Miss Rowena Higginson to Dr. Frank Worthington Lynch. Miss Higginson graduated from the Johns Hopkins, Class of 1903, and has since been at her home in Omaha.

IN Florence, O., June 15, 1904, Mrs. Charlotte S. Taylor, graduate Lakeside Hospital School for Nurses, Cleveland, O., Class of 1901, to Mr. Frank E. Peck, Cleveland, O.

AT Roanoke, Va., June 28, 1904, Miss Bernice Rupert, graduate of St. Luke's Hospital, New York City, 1903, and recent night superintendent, to Mr. Robert B. Handcock.

AT Seattle, Wash., on July 6, 1904, Miss Jean E. Holmes, graduate Toronto General Hospital, to Mr. Willis Benjamin Kerr. Mr. and Mrs. Kerr will live in Seattle.

IN Manila, P. I., Sara Russ Bunker, Army Nurse Corps, to Lieutenant Herbert Smith, Medical Department United States Army.

AT Buffalo, July 12, 1904, Miss Annie M. Tronner, graduate of St. Luke's Hospital, New York, 1900, to Mr. Henry Ward Beecher, Jr.

IN Manila, P. I., June 16, Mary Louise Cashman, Army Nurse Corps, to Charles W. Holloway.

OBITUARY

MISS MATILDA E. HARTFORD, graduate of the Farrand Training-School for Nurses in connection with Harper Hospital, Detroit, Class of 1897, died June 28, 1904.

Miss Hartford had filled the position of supervising nurse of the women's department in Harper Hospital since the year of her graduation. Devotion to duty and faithfulness to her trust characterized her work during those years of service, and the absence of her familiar presence from the halls leaves a void that is felt by patients, doctors, and nurses.

She was secretary of the Detroit Graduate Nurses' Association and a charter member of the Michigan State Nurses' Association.

At her request her body was dressed in her school uniform.

Her remains were reverently laid away, beneath many beautiful floral tributes from her family and friends, in Woodmere Cemetery on June 30.

It is with deep regret that we announce the death of Miss Margaret Iddings, which occurred at Colorado Springs, Col., May, 1904.

Miss Iddings was a graduate of the Flower Mission Training-School for Nurses of Indianapolis, Ind., in the Class of 1885, she being the first pupil to enter the school after it was established. She had been in declining health for four years prior to her death.

After leaving the school she was connected for two years with Norton Infirmary, of Louisville, Ky.; she then returned to her home in Indianapolis, where she did private duty, there and elsewhere, until her declining health would no

longer permit. She certainly gained the confidence and esteem of physicians and patrons, she loved her work, and was a faithful and conscientious nurse, and was always loyal to her profession.

She was a member of the Graduate Nurses' Association of Indianapolis and of the *alumnæ*.

She leaves an aged mother, a sister, and brothers, besides many friends. Those who knew her best will greatly feel her loss; therefore, be it

"*Resolved*, That we, the *Alumnæ* Association of Indianapolis, extend our united sympathies to the bereaved family of our sister nurse.

"*Resolved*, That a copy of these resolutions be sent to her family, also to THE AMERICAN JOURNAL OF NURSING and the *Indiana Medical Journal*, and that a record of the same be entered upon the minutes of the Indianapolis Nurses' Association and of the *alumnæ*.

"MISS SOLLARS,
"MRS. PEAKE,
"MRS. HAZELRIGG,
"Committee."

AT the Hospital of the Good Shepherd, Syracuse, N. Y., on May 19, Henrietta M. Bohn.

Miss Bohn was a member of the Class of 1898 of the Hospital of the Good Shepherd, and a member of the *Alumnæ* Association. The following resolutions were adopted by the *Alumnæ* Association:

"WHEREAS, It has pleased Almighty God in His infinite wisdom to remove from our midst our friend and colleague, Henrietta M. Bohn; be it

"*Resolved*, That we, representing the *Alumnæ* Association of the Hospital of the Good Shepherd, Syracuse, N. Y., do hereby, on behalf of the said association, express our sorrow at the loss of so sincere a friend, and realize that the association has also lost an esteemed member.

"*Resolved*, That a copy of these resolutions be sent to THE AMERICAN JOURNAL OF NURSING, also that they be spread upon the minutes of the association.

"MARY D. BURRILL, President,
"LOIS L. GANNETT, R.N., M.D.;
"JENNIE L. CHESEBROUGH, R.N.;
"LINA LIGHTBURN, R.N.,
"Committee on Resolutions."

ON July 11, 1904, the Rt. Rev. Frederic Dan Huntington, at Hadley, Mass. Bishop Huntington was eighty-five years of age. He was president of the Board of Trustees of the Hospital of the Good Shepherd in Syracuse, N. Y., and founder of the institution. He was an honorary member of the *Alumnæ* Association of the Training-School connected with the Hospital of the Good Shepherd.

At a special meeting of the *Alumnæ* Association the following resolutions were adopted:

"WHEREAS, By the dispensation of an all-wise Providence an honorary and beloved member of our association, Bishop Frederic Dan Huntington, has been removed by death. We deem it fitting that suitable action be taken by this association with reference to the sad event; therefore, be it

"*Resolved*, That in the death of Bishop Huntington the family has sustained the loss of a kind husband and father, the church one of its greatest

lights, the country a broad and influential citizen, and the Hospital of the Good Shepherd and the Nurses' Alumnæ Association their most honored member and best friend.

"*Resolved*, That we shall always cherish pleasant recollections of his thoughtful interest and untiring zeal in the prosperity of our school during its entire existence, sparing neither time nor effort in its behalf and of those connected with it, making each feel that he was their personal friend.

"*Resolved*, That we also extend our sincere sympathy to the family in the loss of the son and brother, George P. Huntington.

"*Resolved*, That these resolutions be spread upon the records of this association and that a copy be sent to the family and THE AMERICAN JOURNAL OF NURSING.

"MARY D. BURRILL, President;

"IRENE M. JOHNSON,

"EDITH SEYMOUR."

WE have just heard with deep regret of the death on August 1 of Miss Rosina Marlow.

Miss Marlow served in the army during the summer of 1898 at Montauk Point, and her comrades desire to convey to her family their deep sympathy in their bereavement.

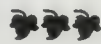
REBECCA JACKSON,

Corresponding Secretary Spanish-American War Nurses.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



WHO ARE REPRESENTATIVE?

AFTER the International Congress in London five years ago, at which time I had the opportunity of observing the different ideas of nursing parties in England, I wrote a short article which is now included in a small pamphlet in which were considered the *ideas*, the *principles*, held by the different nursing sections from the point of view of what we consider in America our normal view-point. The cry, "not representative," had been raised in England, and I wanted to find out exactly what was meant by "representative."

Now, after the meeting of the Berlin Congress, one may again hear this criticism, "not representative," and it seems to me very important that American nurses, if they hear these words, should be able to meet them with full understanding, especially as we are, as I hope, on the verge of forming definite international relations with nurses of other countries, to which the London Congress, our Buffalo Congress, and this last meeting in Berlin have been preliminary.

Before we allow ourselves to be bluffed by this phrase, "not representative," let us understand exactly what "representative" signifies, and I think we may arrive at a practical definition (for all terms are but relative) by putting the following questions:

First, What do American nurses represent?

Second, If they form international relations, what will be their motive in doing so?

The answers to these question ought to show who are representative people *from our stand-point*; naturally, not from everybody's stand-point, but from ours; and we cannot live our lives by adopting everybody's point-of-view, but by selecting our own.

Naturally, on questions of nursing pure and simple there are no controversies. We will be at one the world over about the skilled and tender care needed by the patient; we need not quarrel over the treatment of bed-sores; we can agree about baths. There is another and far more fundamental question disturbing the peace of hospitals and nursing establishments, and that is, "What are the conditions that will most fully prepare the woman for her work as a nurse?" This is the question that is splitting the nursing centres of the Old World, and we say, "Freedom to develop," and the long-established autocrats of the Old World say "Complete and life-long abnegation of self and submission to authority."

In every European country this idea that the nurse must and can be only a bond-servant is found. In Central Europe it is in full force. In Germany there is a strong revolt against it, and it is there practically a doomed doctrine, though still with much fight left in it. In Italy and France, as we know, the religious compulsion has been added, making a double bondage, and now in those countries

too reforms have begun, and the modern nurse, free, educated, and untrammelled, is beginning to make her way. In England, where women are generally so splendidly free and progressive, there are still some traces of mediævalism left in nursing conditions—left-overs from Continental methods, which a strong and fine body of fearless and progressive nurses are busy trying to sweep away.

Now as to our place: Is it not true that American nurses represent the principle of personal freedom to a far greater extent than those of the Old World? And is it not true that to this freedom they owe the varied opportunities for work which are theirs in greater abundance than nurses of the Old World enjoy?

For American nurses to assume the entire direction of their professional affairs does not even excite surprise, but those of Europe who have first assumed the same right have met bitter opposition, even persecution.

Thanks to this admitted principle, our training-school superintendents are able in a few years to effect changes which European matrons are powerless to bring about. They have brought down the hours of work to eight and ten, while Continental matrons deplore the impossibility of reducing them below fifteen and eighteen. They have introduced changes into the curricula of work and study which abroad would almost require a social revolution.

Because our nurses are free, they are able to develop in many ways, and to pioneer new lines of work, as would be impossible if they were bondwomen. They are not held down to passive obedience alone, but are allowed to do creative work. In few other countries could Miss Wald have built up such a work as that of the Nurses' Settlement in New York, where, without Board of Managers, by simple coöperation with the group of workers, both professional and lay, that she has called about her, she has developed not only a complete district nursing service, but also a social settlement of unusual civic spirit and effectiveness. And in the work of the Nurses' Settlement in Richmond, in the many evidences of free initiative given by our nurses' associations in the warfare against tuberculosis, in the extension of hourly nursing, in the affiliation with women's clubs for civic work, and in our beginnings of legislation, we have ample evidence that, thanks to our freedom, we are in a most advantageous position for making ourselves not only better nurses, but useful citizens as well—not handmaidens only, as we are often called, but with the right to use our heads too.

Now to our second question: With what motive do we form international relations?

Is it not to seek out those who have ideas and aims similar to our own—who are doing the same work and believe in the same things? We surely do not go just for the good times, but to further the works and causes that we believe to be right and just, both by helping others and having them help us.

If we think this, we have a ready and satisfactory reply to the criticism, "not representative." The people with whom we can work and who will work with us are representative for our purposes, and those are, in Great Britain, the Matrons' Council and the independents and the rapidly arising self-governed leagues and societies, and in Germany they are Sister Karll and the members of the German Nurses' Association, who have broken away from the antiquated compulsion of Sisterhood and Red Cross ownership of nurses, and who are striving for the right of the nurse to own herself and her earnings—agitating for a more thorough and more uniform training for the pupil nurse, and who are petitioning the government for legal status.

It must be frankly admitted that of the great London hospitals—nine in

all, if I recollect rightly—*only one*, St. Bartholomew's, is willing to recognize us. Only Miss Isla Stewart, of all the London matrons, is willing to affiliate with us. St. Thomas's Hospital, where Miss Nightingale established the first training-school, and which we might say was the mother of us all, stands aloof and regards us and our ways with cold disapproval. Miss Nightingale herself disapproves of State registration, holding that nurses should remain in the control of their training-schools. In Germany, similarly, the great nursing institutions of Berlin and Hamburg will have nothing to do with us, and Kaiserswerth, our grandmother, so to speak, which we all revere, would simply not believe it possible that women emancipated from their hospital authorities could be good nurses.

All this is most regrettable, for in these historic hospitals are women whom we would be glad and proud to know. And, perhaps, they might accept us individually, but we could not get far with them, for they are not in sympathy with much that we are doing in our organizations.

The London matrons, with the sole exception of Miss Isla Stewart, are opposed to State examination and registration. We are working for it. The German matrons consider it degrading for a nurse to work for money. She should appear to work gratuitously, and the money should go to the mother-house, which will care for her in old age. That is to us impossible. So, it would appear, there are many circles where we may not enter, and these words, "not representative," become meaningless.

Two countries there are where nurses have progressed even farther in freedom than we, because all women have, and these are Australia and New Zealand. So far these nurses have not seemed to realize how much they could help the new movement in old countries by their example and by their encouragement, but it will certainly come to them before long. Meantime, let us do all we can to help reforms wherever we can, without bothering ourselves as to whether anyone, ourselves included, is representative or not.

L. L. D.

HEARINGS BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS

A RARE privilege has been that of attending three of the hearings on the nursing question before the select committee of the House of Commons. Readers of the JOURNAL will remember that on the urgent appeal of the Society for Registration the Premier last May appointed a committee to inquire into nursing conditions and to report upon the desirability of registration. The committee began its sittings promptly, and up to the present time has heard the evidence of eight witnesses, Dr. Bedford Fenwick, Miss Isla Stewart, Miss Huxley, Miss Hobbes (secretary of the R. B. N. A.), Mr. Walshe (a male nurse and head of a large directory for men nurses), and Miss Amy Hughes, in favor of State examination, and Mr. Sydney Holland and Dr. Norman Moore against it.

The hearings are on the lines of those we have had from State legislative committees. Anyone desiring to give evidence may send his or her name to the chairman, who notifies them of the day on which to appear. The sittings last for two hours, and one witness is sometimes in the chair for all of that time, so it may be imagined the occasion is serious.

The meetings are held—only imagine it!—in the House of Parliament. Who would ever have thought to see a flock of nurses entering that gloriously beautiful pile, under the towers and turrets and arches, and to meet the words "Nurses' Registration" on a card on the committee-room door? That of itself

is a sign of big changes in the times, as important a sign as was the reception of equality-demanding women by the city officers in the stately Rathaus of Berlin.

These hearings have been so portentous, the surroundings so impressive, and the stir and excitement in the nursing and hospital world so great, that one could write pages about them if only space permitted. For the present, the most complete report is that of the *British Journal of Nursing*, and eventually the whole will appear in a "Blue Book." The hearings have now ceased with the vacation, but will be resumed next February.

The "pros" have given excellent evidence, full of facts drawn from life. I heard Mr. Walshe, Miss Hobbes, and Miss Hughes. The latter was especially firm under cross-examination (which, I may remark in passing, is enough to make one's hair rise).

The "antis" seemed to me to have a very weak position and to know that they have.

Mr. Sydney Holland, the chairman of the London Hospital, is the standard-bearer of the opposition. I heard him on a recall, and thought his manner and voice dispirited and half-hearted. He is most kind and excellent, and wrapped up in the London Hospital, yet his ideas are most erroneous. He evoked smiles by saying that nursing examinations were so childishly easy that it was ridiculous to think any woman could not pass one. He has conjured up a bogey of colossal size called "moral qualities and fitness cannot be registered," and totally ignores the contention that an educational basis could be protected against imposture. He would have no protection for the nurse and no standard for the public except the training-school.

Dr. Norman Moore was a more cheerful witness, his ideas so antiquated as to be positively laughable. He sees no necessity for protecting certain educational standards; holds that the door to nursing cannot be too wide open; would not require much general education; does not approve of a minimum training for all nurses; thinks six months enough to train for usefulness with the poor in the country (but not enough for his own); fears that nurses may become an inferior order of independent practitioners if registered; holds that no mistake will ever be made if the public would in all cases leave the choice of the nurse to the medical man; would have no standard or protection except the judgment of the medical man.

The committee, on the whole, ask intelligent questions, though they sometimes wander and get lost, and several seem to have their own axes to grind. They are very serious over it, and take it all earnestly. The chairman is admirable. His questions are penetrating, his manner quiet and reassuring.

It would be worth a trip across the water to come and hear the final inquiries.



A NEW AND SIMPLE METHOD FOR OBTAINING THE SPUTUM IN CHILDREN.—Leonard Findlay describes in the *Archives of Pediatrics* this method of obtaining the sputum in children: With a piece of gauze on the forefinger, the pharynx, and especially the epiglottis, is irritated so as to induce coughing, and any expectoration that is coughed up is swept out of the mouth with the finger before it has time to be swallowed. The quantity obtained varies. Several attempts may be necessary.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING AUGUST 11, 1904.

BUNKER, SARA RUSS, formerly on duty at the First Reserve Hospital, Manila, discharged and married to Lieutenant Herbert Smith, surgeon United States Army.

Flick, Lucile E. S., transferred from the General Hospital, Presidio, San Francisco, Cal., to duty in the Philippines. Sailed on the transport Logan, August 1.

Freiberg, Mrs. Emma Louise, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Konkle, Lena Luda, transferred from duty as nurse at the General Hospital, Presidio, San Francisco, to duty as Chief Nurse at the General Hospital, Fort Bayard, N. M.

Lippert, Ida Dora, formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

MacConachie, Mary, graduate of St. Joseph's Hospital, Chicago, Class of 1898, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Plummer, Samantha C., transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, N. M.

Spoor, Edith M., graduate of Reading Hospital, Pennsylvania, Class of 1901, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Unger, B. Matilda, transferred from duty as chief nurse at the General Hospital, Fort Bayard, to duty as nurse at the General Hospital, Presidio, San Francisco.

Voss, Frances J., graduate of St. Mary's Hospital, Milwaukee, Wis., Class of 1904, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Woods, Emma, transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, N. M.



LOS ANGELES is to try the experiment of having a trained nurse to look after the health of her school-children and the proper ventilation and sanitation of her school buildings.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

THE REGISTRATION OF TRAINING-SCHOOLS

DEAR EDITOR: The registration of nurses has been a question of such vital interest that when we applied for the registration of the Metropolitan Training-School, Blackwell's Island, and failed to secure the same owing to not having a service in the care of children, the number of letters received from graduates and their friends convinced us that the new nurses' law had stirred up a widespread interest.

What did we do?

On February 19 we were informed that our application had been held. A report was immediately made to the Board of Managers. Several plans suggested themselves, and finally, with the coöperation of the Medical Board and Commissioner, it was decided to open a children's ward in the hospital.

The first small patients arrived on April 18, and on May 20 we were notified that the graduates of the school were entitled to register, since the school had met all requirements.

The school offers a three-year course in general training, with experience in nursing consumptives if desired. Classes are formed quarterly, on the first of October, January, April, and July, with preliminary instruction to the probationers.

JANE M. PINDELL,
Superintendent Training-School.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



THE WORLD'S WAR AGAINST TUBERCULOSIS.—Rochester, N. Y., has organized a Public Health Association composed of prominent citizens and workers in all lines of philanthropy, and a tuberculosis crusade is the first work to be undertaken. The new Municipal Hospital, built during the smallpox epidemic, but not finished in time to be used at that time, is to be utilized for the care of tuberculous patients. Binghamton, N. Y., has also formed an association to provide public care of tubercular patients, and Newport, R. I., is working on the same lines.

EDITOR'S MISCELLANY



BETTER PROVISION FOR CONSUMPTIVES.—At the July meeting of the Michigan State Board of Health the president, Hon. Frank Wells, in his address brought out some facts in regard to the lack of provision for consumptives in some of the far Western States which should be understood by people without ample means who are often influenced to leave fairly comfortable homes to seek health in a new climate.

Having in mind the long-continued efforts of the State Board for the establishment of State sanatoria for consumptives in Michigan, he mentioned the fact that by an extended trip through the Western States, including California, he found in many places consumptives who arrive there from Michigan and other States, friendless, alone, and with little money, and are refused admittance to hotels, boarding-houses, and rented rooms by proprietors who are keenly alive to the losses they may suffer through the contamination of their premises by these unfortunates. Many of these find but one place open to them,—the hospital connected with the county buildings,—where each one is herded with scores of other victims, without any of the comforts to which most of them have been accustomed, little or no care taken of sputa, without medical attention until too late to have it avail, lonesome and homesick. The only alternative, death, soon brings to them a welcome relief from their misery and despair.

“Why does not the State of Colorado and the other Western States, in the interests of humanity, provide hospitals where these unfortunates may be properly cared for and shown how they may, if possible, be cured? In hospitality, liberality, and unselfishness the people of our Western States are the peers, if not the superiors, of the people of the Middle and Eastern States, but in none of the States has any such step been taken. To ask a State to do so would illy become an inhabitant of a State like Michigan, which refuses to make similar provision for its own citizens. Permitting the sending of such victims there to die a miserable death is unjustifiable, and emphasizes the necessity for State sanatoria for this class of unfortunates.

“It is the almost universal testimony of health officers that from lack of funds they are debarred from carrying out preventive measures. City Councils and village boards will not, as a general rule, appropriate money for public health work until a disease regarded by them as contagious has actually made its appearance. In every municipality, and especially in townships, there should be a public health fund to be drawn upon, under proper restrictions, by the Health Board whenever and however the public interests demand. Bills have been before several Legislatures providing for such a fund to be created by the voters of every city, village, or township in a similar manner to that in which funds are provided for school purposes. A law based upon this theory, or some other which would provide a public health fund in every municipality, is greatly needed.”

SHOULD IT BE A FIXED RULE ALWAYS TO USE ANTISEPTICS ON OUR HANDS? —E. M. Brown, writing in *Northwest Medicine*, believes that in many cases it is safer to depend upon mechanical cleansing than to use antiseptics. Various investigations have proved that none of the methods of sterilization now in use can be absolutely depended upon. As to mercuric bichloride, the writer states that it not only lacks penetrating effect, but it also has the property of forming an inert albuminate on the skin. Potassium permanganate and oxalic acid, chlorinated lime, and sodium carbonate all present similar objections. They are very irritating to the skin of most people, they decrease the resistance of the tissues, and the false sense of security after their use makes them distinctly harmful. The most rational way to treat hands, so the writer believes, is by mechanical cleansing: First, with soap and water, changing water, brushes, etc., very often; great care should be paid to the nails, spaces between the fingers, etc. After this washing, submersion for five to ten minutes in water as hot as can be borne is advised. This dilates the capillaries and excites secretion of the skin glands, so lessening subsequent secretion during operation. If anything is used after this, alcohol is advisable for its hardening effect upon the skin. During long operations the hands may be dipped or washed in hot water and again in alcohol.

HOUSE INFECTION OF TUBERCULOSIS.—Dr. Lawrence F. Flick, director of the Phipps Institute, Philadelphia, read a paper on this subject at the Tuberculosis Exposition in Baltimore. He thus summarizes his views: “(1) Tuberculosis is a disease due to the parasitic growth of a microörganism on the tissues of a human being or animal. Being due to organic life, it is communicable. (2) Tuberculosis is contagious. The contagion of tuberculosis is different from the contagion of acute contagious diseases, however. It is slow and can be avoided easily in the presence of a consumptive, whilst that of acutely contagious diseases is rapid and cannot be avoided in the presence of those who have such diseases. (3) The contagion of tuberculosis is closely associated with the house. An enclosure of some kind is necessary to make it effective. (4) The house is the granary of the tubercle bacillus. It is the place in which tuberculous matter is kept vital until the bacillus can find a new host. (5) Out-of-doors tubercular matter becomes devitalized in a short time through water, light, and air. Enough cannot accumulate in a vital state to create a contagious environment. (6) Everyone has some resisting power to tuberculosis. Some have more than others. Practically all have sufficient resisting power to withstand occasional exposure to tuberculosis and exposure out-of-doors. (7) For an implantation of tuberculosis prolonged intimate exposure and an intensely contagious environment is necessary to overcome resisting power. This is had in the home and the workshop. (8) The house prepares soil for the tubercle bacillus.”



EDITORIAL COMMENT



THE SUPERINTENDENTS' OBLIGATION

IN our last issue we made an appeal to all nurses, "without regard to school, creed, or color," to contribute the amount of one day's earnings towards the creation of a fund to endow the Course in Hospital Economics at Teachers College, Columbia University, New York. There is no question in our judgment but that the nucleus of such a fund should first be raised by small contributions from the masses of nurses. They should show their true professional spirit and unity of purpose by such action before making any appeal to people outside of the profession for assistance.

We are of the opinion that comparatively few nurses are informed about this course. The value of it and its needs have not been brought home to them in a personal way. They pass over the reports in the JOURNAL as something not of interest to them, and any appeal in printed form reaches very few.

The establishment of the Course in Hospital Economics is the work of the Society of Superintendents of Training-Schools for Nurses. The direct obligation for its support rests with the members of that society. We make the same appeal to the superintendents that we made last month to the nurses at large.

Will you contribute, at once, the amount of one day's earnings towards meeting the financial obligations of the Economics Course? There are bills unpaid from the last year for which each member is at least morally responsible.

But we ask of the superintendents something more than a small donation of money, something far more difficult to many to give, but vastly more enduring in results to the future of the course, that of personal service.

The education of the graduates of each school in regard to their professional obligations rests largely with the superintendents, and we suggest that with the opening of the organization work in each community, the subject of the Course in Hospital Economics be taken up, its origin explained, and its value and future needs set forth in a manner to arouse in the nurses in private practice a desire to help.

This Course in Hospital Economics, being purely educational, is a legitimate object for which to solicit aid from the public, for the advantages which it offers will be felt in time in every city and town where a hospital and training-school are maintained. All educational institutions seek endowments for provision for special knowledge and research. Gifts of money from men and women who have had the advantages of such endowments brought home to them are constantly being received by universities and schools of different kinds. When it can be said that the nurses of this country have raised ten thousand or twenty thousand dollars as a nucleus for the fund needed for the continuation of the course, then, and not until then, can they justly appeal to philanthropists for assistance in the endowment of the chair.

The individual members of the Superintendents' Society cover practically the whole territory where nursing is taught. A crusade in the interest of the Course in Hospital Economics would result in the enlightenment of nurses and

the public with practical results in the nature of financial aid as a natural sequence.

The criticism is often made that nurses are demanding a voice in the standards of education that nurses shall receive while they contribute very little towards the financial support of nursing schools. This Course in Hospital Economics at Teachers College having been established by nurses, they should demonstrate not only their willingness, but their ability to contribute their share towards its support, after which the public, which is directly benefited by the superior advantages which it provides, may properly be asked for assistance.

No class of workers come more directly into touch with people of generous means than the superintendents of training-schools. They are looked to by the graduates of the schools over which they preside for suggestions along educational and professional lines.

We believe the success of the endowment is simply a matter of judicious talking on the part of the superintendents, and before the New Year comes in a splendid beginning can be made. The class of fifteen just graduated have pledged themselves to raise three hundred dollars during the coming year.

The graduates from this course, numbering more than thirty, are now broadly scattered and they should become powerful factors in this talking crusade.

Those who need further enlightenment in regard to the course can have printed matter sent them by writing to Miss A. C. Maxwell, of the Presbyterian Hospital, New York City, the acting chairman in the absence of Miss Banfield, or to Miss A. L. Alline, 402 West One-Hundred-and-Twenty-fourth Street, New York City.

SOME CORRECTIONS.

There were several errors in the last number which we wish to correct.

We did not know until after the number was out that in the last Economics Class there was a Miss Peterson and a Miss Patterson, and in the proof-reading we mixed them up rather badly. Miss Peterson should have been credited as being at the Nurses' Settlement on Henry Street. Miss Patterson, Miss Riddle's assistant at the Newton Hospital, and Miss Balcum, not Miss Baldwin, the assistant at the Homœopathic Hospital, Rochester.

In Miss Dock's report of the Berlin Congress Miss Charlotte Ehrlicher, superintendent of the German Hospital Training-School, should have been given as delegate from the Post-Graduate Alumnae Association, New York. Miss Selden's name from the same school was omitted.

It is always difficult to make a correct list of the people who attend conventions, and in copying lists of names the most expert secretary will sometimes make mistakes. The proof-reading of names is always difficult, and it may interest our readers to know that printing long lists of names is the most expensive kind of type-setting. With the best of care errors will occur of this nature.

A NEW KIND OF SCHOOL WORK

WITH the beginning of the last school year a course in nursing was introduced into the curriculum of the evening high-school of the Charlestown district in Boston, about which there were very sensational articles published in the daily papers which gave rise to a feeling of much doubt in the minds of many

nurses of the wisdom of the step. One was led to think from the press notices that the pupils taking this course were to be graduated full-fledged trained nurses to enter into competition with the regularly educated women, and that a new abuse in the nature of short-course schools for nurses was being established by the public-school authorities of Boston.

The superintendent of the public schools of that city in his yearly report just issued speaks of this experiment as follows:

"Another most interesting development of the possibilities of evening high-school instruction has been witnessed in Charlestown. The practical application of physiology and hygiene to the business of nursing has there been taught with remarkable success. A large class of young women, some of whom came from distant parts of the city, has been taught by Dr. Laura A. C. Hughes, assisted by Miss Jennie Dix, both of whom are graduates of the Boston City Hospital Training-School for Nurses, and have had large experience in nursing and in directing other nurses.

"This class, on March 10, gave a demonstration of their acquirements before a large and much-pleased audience. The members of the class, dressed in nurses' gowns, caps, and aprons, appeared on the platform, where they made beds for patients, carried helpless patients in chairs, lifted them into bed, undressed them under the bedclothes, and gave them a bath; changed the beds without removing the patients, moved them on the draw-sheet, lifted them from one bed to another on a sheet, took and recorded their temperature, pulse, and respiration. Two girls had volunteered their services as patients for all these operations, and seemed to enjoy their treatment. Then the best method of washing and dressing babies was shown by a direct application to two live babies brought in for the purpose. The making and applying of poultices, fomentations, bandages of many kinds, and slings were fully demonstrated. The preparation of nurse and patient for aseptic surgery was actually made by some of the pupils, after which the exercises were concluded by brief illustrations of the methods of giving medicine, restoring respiration, and using the tourniquet.

"All this work is simple and elementary, as it needs must be for mere beginners, *and it is far from making the members of the class trained nurses;** but, on the other hand, it has made them useful attendants in the less serious kinds of illness, *and has given them excellent practical knowledge, based on the latest results of science, which they can carry into many homes besides their own.* Such is the result of the first season's experiment. Another year there may be offered advanced as well as elementary instruction in nursing. *It would greatly promote the welfare of the people if every future mother should be required to take a practical course of instruction in nursing. Their sick children would suffer less, and be less likely to die.*"

It is quite apparent from this report that there is opportunity for much abuse in the establishment of such courses in the public schools. Where the application of the knowledge gained is confined to the home no one knows better than trained nurses the value of such instruction, but the superintendent distinctly states that the pupils can carry this knowledge "into many homes besides their own," and there lies the danger. Until registration has created in the minds of the people a clear and intelligent distinction between a nurse trained in a hospital under proper conditions, and one who has taken up nursing without complying with any recognized standard of training, there will be many women

who will take advantage of such courses as the one referred to to impose themselves upon the public. In the minds of the ignorant a nurse's uniform, with the ability to do a few simple things, such as changing a sheet under a helpless patient, is all the guarantee of professional skill needed.

The safeguard is in keeping such teaching in the hands of trained nurses. Such departments in nursing in the public schools will open up a new and very important field of work for nurses. Both Dr. Hughes and Miss Dix, who are the pioneers in this work, are women of broad experience, with the welfare of the profession at heart, and can be trusted to draw the line between the elements of home nursing and the elements of professional nursing, if that is possible, but we question the wisdom of dressing up such pupils in a nurse's uniform to masquerade before their friends in the garb that can be legitimately used by professional nurses only, and we are surprised that this should have been countenanced by either of the teachers mentioned. From our point of view nothing more than a plain white apron, a common garment in every New England home, is necessary for pupils studying the elements of home-nursing. It would hardly be expected that in a case of slight illness in the family the mother or daughter would wait to secure a full nurse's uniform before applying those simple principles of home-nursing that she might have been taught in the public schools; then why teach them that anything more than a clean white apron and a wash dress is needed?

That a greater knowledge of the laws of hygiene and the elements of practical nursing are needed in our American homes we do not need to affirm, but such knowledge should be taught in our schools in a simple, practical manner, and without spectacular effect or any suggestion that such knowledge gives the pupils any claim to call themselves trained nurses or to wear a trained nurse's dress.

EXHIBIT AT ST. LOUIS.

Among the Massachusetts exhibits at the St. Louis Exposition is that of the public school, and prominence is given to the nursing department referred to above. Seventy-two photographs are bound in four large volumes illustrating the course of work. One hundred and twenty-six women took the course last year—more than half of the number were married women, one the mother of twelve children. One of the reasons given in favor of such courses in the public schools is that it will provide nursing care for the great middle class, who cannot pay for a trained nurse and are above the aid of charity.

If cooking and commercial law can be taught without any idea of making professional cooks and lawyers, then, it is argued, nursing might be taught without attempting to produce trained nurses, and upon these lines all nurses will give their support to the movement.

PROGRESS OF REGISTRATION

THE situation in the registration movement in England is exceedingly interesting and is described in detail in the Foreign Department pages, and Miss Dock's paper, "Who are Representative?" in the same department gives those of us of a land of freedom food for thought and reason for thanksgiving.

There is every indication of renewed activity in the State and registration work in our own country in the early fall, and while we regret deeply our inability to give space to the State reports at the close of the winter's work, we

think these reports may be read now with greater advantage as the season is about to open.

We want to remind the nurses in those States where the law is now in operation that it is unwise to delay sending in one's application for registration. In New York State there is danger of great congestion at the end of the three years during which a certificate may be obtained *without* examination, for while many have applied and received their certificates, great numbers have neglected to do so, the common excuse being "no photograph." When the time limit has passed and those same foolish virgins have to take an examination or go without the "R.N." there will be great lamentation. Only eighteen months more, after which time *all* must take the examination.

The work of the examiners is most tedious and difficult; they are all busy people like yourselves. Don't make their labors any more of a burden than need be by waiting until the last moment before sending in your application.

When you have received your certificate remember it is void until it has been registered in the County Clerk's Office in the city where you live.

THE MASSACHUSETTS GENERAL HOSPITAL TRAINING-SCHOOL TAKES AN ADVANCE STEP

As we go to press the public announcement is made that the pupils of the Training-School of the Massachusetts General Hospital, Boston, are to be given the first four months of their instruction at Simmons College, the subjects to be taught being household arts, elementary chemistry, bacteriology, anatomy and physiology, etc. As we understand the announcement the pupils are to live at the hospital while attending the classes at Simmons. No allowance of money will be made hereafter during the term of three-years' training. A tuition fee of fifty dollars will be required with a deposit of ten dollars for breakage. For those who need financial aid scholarships will be established. The period of probation is to be six months, the first four months being spent at Simmons College and two months in the hospital wards. The pupils in this school have three-months' training in a maternity hospital—at present being sent to Sloan and the Pierpont Morgan Hospitals in New York—and are also to have three-months' experience at the Corey Hill Hospital at Brookline, Mass., the large private hospital established in the spring by a company of medical men and under the supervision of Miss Stone, who for many years was Miss Maxwell's assistant at the Presbyterian Hospital in New York.

If the instruction at Simmons College is conducted in a manner satisfactory to the Massachusetts Hospital management it will only be a matter of time when all the training-schools in the vicinity will fall into line, and we shall be brought one step nearer to our ideal nursing college. The disappointment in the Simmons College plan is that nurses have not been permitted to have any voice in outlining or directing the work, as in the beginning they hoped would be the case.

OUR YEAR-END ANNOUNCEMENT

WITH this issue the JOURNAL closes its fourth volume, and with the new year will come some changes in its form and policy. The demand for space for purely educational and professional matter has been far in excess of the financial development of the magazine, consequently the directors feel obliged to restrict rather than enlarge the number of reading pages and curtail the

amount of space that has been given freely to official reports, confining such reports to the organizations engaged in strictly educational and professional work.

With this end in view the Spanish-American War Nurses and the Guild of St. Barnabas have been notified that the JOURNAL will be unable to act as the official organ of those societies in future, although it will always publish announcements and brief reports of annual meetings. While the JOURNAL is in sympathy with the patriotic and religious societies, and stands ready at all times to advance their interests, it finds the amount of space now given to those organizations needed for other purposes, and its policy somewhat handicapped by the official representation of societies that are not included in *alumnæ* affiliations.

The year that has closed has brought a very great growth in the professional outlook of the JOURNAL. Its field of usefulness has broadened and every week brings assurance of its influence in bringing the members of the nursing profession into closer unity on all vital questions of work and development.

One of the changes in the form of the JOURNAL will be placing the Editorial Comments on the opening pages instead of at the end in small type. This change is made by request from several sections of the country, it being claimed that everybody looks at the beginning, while few read to the end of any magazine, and that the summing up of the month's progress is found in the editorials.

The regular departments of Book Reviews, Medical Notes, and the Foreign Department will be printed in the same type as the body of the magazine, leaving only the Official Reports and items in the small type. This is also done by request, as many of our readers find so much fine print, used to make space, objectionable.

The *alumnæ* work is now so well organized that we shall ask the societies holding monthly meetings to report quarterly to the JOURNAL, except when there is some special feature, when space always will be cordially granted.

To the State work, which is now in its crucial period, will be given space freely; also all reports showing progress along the lines of preliminary training, or new fields of work for nurses in any direction.

The development of visiting, district, and tuberculosis work of nurses will receive more attention than in the past, and articles prepared by private nurses for those engaged in the same field will be a special feature of the coming numbers.

Again we thank our hosts of friends in many lands for their continued good-will, assistance, and encouragement, and promise to serve them more faithfully, if that be possible, in the future than ever before.



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